Improving Care. Transforming Lives. Together.

GUIDE FOR PERSON-CENTERED MENTAL HEALTH SERVICES AND SUPPORTS:

TRANSFORMING CARE TO PROMOTE WELLNESS AND RECOVERY

Version 1.2
October, 2008

CalMEND Guide for Person-Centered Mental Health Services and Supports:

Transforming Care to Promote Wellness and Recovery

CONTENTS

CONTENTS		iii
ACKNOWLEDGEMENTS		vii
LETTER OF INTRODUCTION		ix
0. INTRODUCTION		xi
i	Background	xiii
ii	CalMEND Process Map	xv
iii	CalMEND Guide	xviii
iv	Shared Decision Making	xx
v	Language/Terminology	xxiii
vi	Cultural Factors	xxv
vii	Bibliography	xxviii
1. ACCESS		1
1.0	Overview	3
1.1	Mental Health Promotion	7
1.1.A	Education & Public Outreach	8
1.1.B	Prevention & Early Intervention	10
1.1.C	Health and Human Services	11
1.1.D	Referral or Request for Services or Service Outreach Contact	12
1.2	Screening (include emergent safety concerns)	15
1.3	Understand Preferences and Strengths that Promote Voluntary Care	17
1.4	DECISION POINT: Qualifies for Mental Health Services	19
1.5	Identify Other Health and Social Service Needs	20
1.6	Making Appropriate Referrals	22
1.7	Assure Access to Needed Services Obtained	23
1.8	Review Criteria	24
1.9	Bibliography	25

2. ENGAGEMENT IN A CONTINUOUS HEALING PARTNERSHIP		25
2.0	Overview	27
2.1	Assess / Address Urgent Health and Safety Needs	29
2.2	Welcome and Ongoing Outreach	30
2.3	Assess / Address Urgent Health and Safety Needs	32
2.4	Information and Orientation by Peers and Other Staff	33
2.5	Review Criteria	35
2.6	Bibliography	36
3. INITIAL AND ONGOING ASSESSMENT		39
3.0	Overview	41
3.1	Create/Assign the Multidisciplinary Team	43
3.2	Information From the Person	44
3.3	Information from Family and/or Others	48
3.4	Review Criteria	49
3.5	Bibliography	50
4. UNDERSTANDING		51
4.0	Overview	53
4.1	Person/Family-Centered and Cultural Formulation	54
4.2	Communication of Hope, Opportunity and Belief in Capacity of Human Spirit to Succeed	56
4.3	Shared with Individual and Family	57
4.4	Negotiation and Modification	58
4.5	*DECISION POINT:* Move Forward on Agreed Issues/Needs, or Work To Resolve Differences	59
4.6	Mutual Evaluation of Reasons for Disagreement	62
4.7	*DECISION POINT:* Significant or Fundamental Differences	63
4.8	Review Criteria	64
4.9	Bibliography	65

5. PERSONAL AND SERVICE SYSTEM PLANNING		67
5.0.	Overview	69
5.1	Setting Goals	71
5.2	Initialize/Support Personal Recovery Plan	73
5.3	*DECISION POINT:* Agree on Priorities/Barriers Requiring Interventions	75
5.4	*DECISION POINT:* Agree on Objectives or Steps	76
5.5	*DECISION POINT:* Agree on Interventions	77
5.6	Interventions: Providers and Supporters	79
5.7	Interventions: Services and Supports	80
5.8	Evaluating the Safety and Efficacy of Planned Services and Supports	81
5.9	Review Criteria	82
5.10	Bibliography	83
6. IMPLEMENTATION AND EVALUATION OF INTEGRATED SERVICES AND SUPPORTS		85
6.0.	Overview	87
6.1	Assurance of Plan Implementation and Logistical Support	90
6.2	Service Coordination Within and Across Systems	93
6.3	Periodic/Ongoing Shared Plan Review and Update	95
6.4	Review Criteria	99
6.5	Bibliography	100
7. INCREASING SELF/COMMUNITY RELIANCE		101
7.0	Overview	103
7.1	Decreasing Intensity of System Services	106
7.2	Continuing Development and Implementation of Personal Recovery Plan	109
7.3	Continued, Active Health Promotion	111
7.4	Increasing Reliance on Self/Community	113
7.5	*DECISION POINT:* Are There New or Recurrent Needs for Service System Supports?	118

7.6	Expedited Understanding and Facilitated Access	119
7.7	Review Criteria	120
7.8	Bibliography	121

APPENDIX A: CALMEND PHILOSOPHIES AND PRINCIPLES 123

ACKNOWLEDGEMENTS

This guide is the product of a shared effort by a large number of people involved in the work of CalMEND—both paid staff as well as volunteers. The granting of Mental Health Services Act (MHSA) funds to the California Department of Health Care Services (DHCS) for CalMEND led to the development of a contract for specialty mental health consultation between DHCS and the California Institute for Mental Health (CiMH). Without the support of DHCS and the California Department of Mental Health (DMH), CalMEND would not exist. Project management and support from CiMH has been an essential ingredient. The contribution of ideas, discussion and feedback from members of the CalMEND Project Team, the Clinical Practice Subcommittee, the Guide Workgroup, and the Client and Family Subcommittee has been critical. Neal Adams, MD, MPH, and Anh Thu Bui, MD were responsible for facilitating those groups along with providing background research, and the actual writing of the guide. Special thanks for formatting and presentation go to Miles Murch. Additionally, a special thank you to Karen Hart, Steve Leoni, Lea Nagy, Joyce Ott, Alice Washington, Paul Cumming and all the members of the Client and Family Subcommittee, whose insights and contributions proved invaluable in ensuring a humanistic, person-centered, client and family-driven perspective.

A number of resources inspired and influenced the writing of this current guide. The United Kingdom's National Institute for Clinical Excellence (NICE) publication: *Schizophrenia: Core Interventions In The Treatment And Management Of Schizophrenia In Primary And Secondary Care.* This monograph was rigorous in its evaluation of the evidence base, transparent in its methodology and comprehensive in its involvement of stakeholder. The CalMEND guide has adopted/adapted a number of the NICE recommendations with appropriate attribution. Approaches that this guide has borrowed from the NICE guideline include the distillation of information into clear recommendations, the focus on an optimistic, holistic approach to treatment, the attention to sharing appropriate information and involving service users, the inclusion of advance directives, and the use of review or audit criteria. Final formal approval from the National Collaborating Centre for Mental Health for including these materials is pending.

Another key resource is the Commission on Accreditation of Rehabilitation Facilities' (CARF*) 2006 Behavioral Health Standards Manual.* These standards describe the details of how quality services are planned, provided, and documented in an organization that promotes person-centered care and recovery values. CARF has provided written permission for the California Department's of

CALMEND GUIDE WORKGROUP

Neal Adams
Anh Thu Bui
Pauline Chan
Odette Chenoweth
Julie Cheung
Paul Cumming
Douglas DelPaggio
Greg Doe
Dariel Downing
Alan Edwards
Pat Finley
Marco Gonzales
Khani Gustafson
Barry Handon
Karen Hart
Jo Hillard
Tiffany Ho
Karin Kalk
Penny Knapp
Steve Leoni
Marshall Lewis
Cecil Lynch
Markov Manalo
Teri Miller
Cricket Mitchell
Miles Murch
Lea Nagy
Sandra Naylor-Goodwin
Joyce Ott
Sadashiv Raja
Vic Walker
Alice Washington

Mental Health and Health Care Services, and the California Institute for Mental Health, to reproduce or adapt certain standards from the CARF 2006 Behavioral Health Standards Manual in the CalMEND Guide for Person-Centered Shared Decision-Making, Version 1.0.

Other resources which significantly influenced the development of this guide include *Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery* by Neal Adams, MD, and Diane Grieder M.Ed. (Elsevier, 2004), publications and presentations on shared decision-making by Pat Deegan, PhD, as well as others too numerous to cite here individually. All publications that informed or influenced the writing of this guide and specific chapters are listed in the bibliography that accompanies each chapter.

CalMEND Project Team

Neal Adams
Anh Thu Bui
Bill Carter
Cheryl Cashin
Pauline Chan
Odette Chenoweth
Julie Cheung
Douglas DelPaggio
Greg Doe
Marcia Ehinger
Marco Gonzales
Khani Gustafson
Barry Handon
Jo Hillard
Karin Kalk
Penny Knapp
Cecil Lynch
Teri Miller
Cricket Mitchell
Miles Murch
Sandra Naylor-Goodwin
Vicki Smith
Alice Washington

Dear CalMEND Guide Reader,

The members of the CalMEND Client and Family Subcommittee are very proud to introduce the *CalMEND Guide for Person-Centered Mental Health Services and Supports: Transforming Care to Promote Wellness and Recovery,* which was developed by and for clients, family members, physicians and other mental health staff. Recovery and wellness are the foremost principles of both this guide and the CalMEND Mental Health Care Management Program, a development project to aid in the transformation of California's mental health system of care. We believe the approaches described in this guide will help make recovery possible for all individuals receiving public mental health services, no matter in what setting that might be.

CalMEND, as represented in this guide, views a client as a whole person with his or her own strengths, gifts, and preferences. Identifying, understanding and working with a person's strengths and cultural, ethnic and linguistic preferences are central to recovery and so are very important components of the CalMEND approach to services. As such, this guide is all about client- and family-driven services. While helping to reduce clients' dependence on the 'system', it also supports involvement of clients' natural supports and promotes their living in the community with meaningful involvement in life, recovery, and fulfillment.

We would like to point out two concepts referred to in this guide that CalMEND has adapted from physical healthcare and that might seem distant from a vision of recovery, wellness and resilience; these are: disease management" and "chronic care model". In physical health care, "disease" and "chronic" are technical terms commonly used to describe many kinds of health processes and do not carry the implication of hopelessness, degeneration or permanence that the terms have for many in mental health. Instead of providing services in a series of separate events driven by crisis or flare-ups, these models place emphasis on ongoing, flexible, continuous and constructive relationships that meet needs as they arise and anticipates them where possible. In a disease management model, physical health patients are empowered to be active participants and *do for themselves*. CalMEND reframes this approach to "care management", with management of recovery goals being driven by the clients and their selected families, and supported by a recovery team comprised of provider, peer recovery specialists, and others. In this context, clients are not seen as passive recipients of services, but as experts in their own lives, engaging the expertise of providers, and responsibly aiding and directing their own wellness and recovery journeys.

You will note that this particular guide focuses on adult concepts. It will be followed by a companion version designed specifically for children and adolescents.

Many thanks for joining us in our constant fight against mental illness, stigma and discrimination and for having the courage to change the mental health care service system. Together, we can improve individuals' lives, families and communities.

We hope that you will find this guide a useful resource in the transformation of your system.

Sincerely,

CalMEND Client and Family Subcommittee

INTRODUCTION

CALMEND VISION STATEMENT

CalMEND envisions that all individuals will receive support that optimizes their development and increases their resiliency and recovery from mental illness.

CALMEND MISSION STATEMENT

CalMEND's mission is to develop and support publicly funded mental health services and supports in California that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness/ recovery, and that fully incorporate shared-decision making between consumers, family members and providers.

i. BACKGROUND

CalMEND, the California Mental Health Care Management Program, is a joint quality improvement initiative by the California Department of Mental Health (DMH), the state's Medicaid agency (Medi-Cal), and the California Institute for Mental Health (CiMH). The work of CalMEND draws heavily on the participation and input of paid staff, as well as committee and workgroup volunteers who represent all stakeholders, including clinicians, consumers, family members, physicians, pharmacists, and recovery specialists. Initiated as a disease management project to address quality of care and cost concerns associated with the use of atypical antipsychotics, CalMEND has evolved into a comprehensive effort to re-design the service delivery system and care processes across all sites and settings in California where mental health services and supports are available to individuals at various stages of mental health recovery. This re-design intends to clearly identify the steps and processes necessary to provide services that meet the Institute of Medicine's six aims for high-quality health care: safe, effective, patient-centered, timely, efficient, and equitable (IOM 2001). At the same time, this system re-design promotes and incorporates shared decision-making as a fundamental principle for health care delivery that engages and supports individuals in making informed decisions about behavioral health services and resources.

PERSON-CENTERED

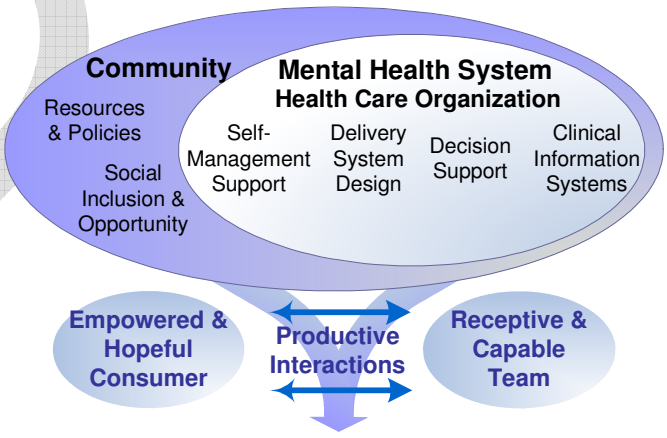
Person-centeredness is a comprehensive approach to understanding each individual and their family's history, common needs, strengths, recovery, culture and spirituality. Using a person-centered approach means service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each whole person.

The early conceptual foundation for CalMEND came from the Institute of Medicine's Quality Chasm reports, including the November 2005 report "Improving the Quality of Health Care for Mental and Substance-Use Conditions" The framework for CalMEND also draws upon the Chronic Care Model (Wagner 1998; www.improvingchroniccare.org), which was adapted to create a Mental Health Care Model for California, as depicted in the figure below:

SHARED DECISION-MAKING

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy. This process is used to make decisions regarding care options and recovery goals.

Mental Health Care Model



Recovery/Wellness Outcomes

The chronic care model provides a well-accepted and adaptable framework for the transformation of mental health care, with the potential to support evidence-based clinical and quality improvement across a wide variety of health care settings. The chronic care model has been:

- developed from a synthesis of scientific literature;
- used in quality improvement collaboratives, nationally and internationally, involving over 1000 health care systems to date; and
- shown to be successful in helping clinical practice teams make changes in the way they care for patients with chronic illness, and improving patient outcomes as a result (www.improvingchroniccare.org).

In adapting the chronic care model, emphasis was given to recovery/wellness outcomes, and the term "chronic" was dropped due to the potential implication of permanent illness and system dependence. The Mental Health Care Model depicts the centrality of "productive interactions"—in essence shared decisions—between consumers and providers in order for individuals' recovery/wellness outcomes to be realized. The model also identifies a number of critical components in the community and healthcare system necessary to support and promote that shared decisional process, including self-management and decision support, clinical information systems and delivery system design.

CLIENT/FAMILY DRIVEN

The recovery process is most successful when self-directed by the strengths and choices of the individual, who defines his or her own life goals and designs a unique path towards those goals. Client/family driven services exist when the beliefs, opinions and preferences of every client and their chosen family are a deciding determinant in service planning.

ii. CalMEND Process Map

CalMEND, through its several committees and workgroups, has focused on all of these elements with a special emphasis to date on the delivery system design. This effort resulted in the creation of a process map (see next page) that has become central to communicating the work of CalMEND, as well as organizing the project's structure and further work.

Inspired by Gustafson's work with the Network for the Improvement of Addiction Treatment (www.niatx.org) and the importance of understanding existing processes for successful systems improvement, the CalMEND Clinical Sub-Committee first tried to understand and map the service user's experience within the existing "system". This effort quickly made clear the problems of the existing mental health system: in particular the high levels of unexplained variance in clinical practice and the lack of a consistent person-centered approach to addressing consumers' needs. This further validated the idea that a more profound system transformation would be required if the IOM core quality aims were to be satisfied.

In response, the work shifted to creating a visual diagram of how a service delivery system should be organized and function in order to promote the IOM aims, honor recovery values, assure person-centered approaches and support shared decision-making. This virtual walk-through, organized around the experience of seeking and receiving recovery supports and services, allows both barriers and opportunities to be identified and addressed. Barriers may include a lack of resources, issues related to financing such a system, regulatory requirements, the knowledge skills and abilities of providers, as well as the needs of consumers and family members for information preparation and support, to name just a few. At the same time, the process map helps to identify where innovations, interventions, resources, training, policy changes, etc. can be made to support implementation of the model.

The process map is organized into 7 phases or swim lanes, each representing a cluster of activities that move from left to right, beginning with access and moving on to engagement, assessment, understanding, planning, implementation and ending with self/community reliance. Green arrows guide the transition from one phase to the next: each successive step builds on the

Six over-arching aims for the provision of high-quality health care from the Institute of Medicine (2001):

Safe
Avoid injuries to patients from the care that is intended to help them.

Effective
Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding underuse and overuse).

Patient-centered
Provide care that is respectful of and responsive to individual patient preferences, needs, and values and ensure that patient values guide all clinical decisions.

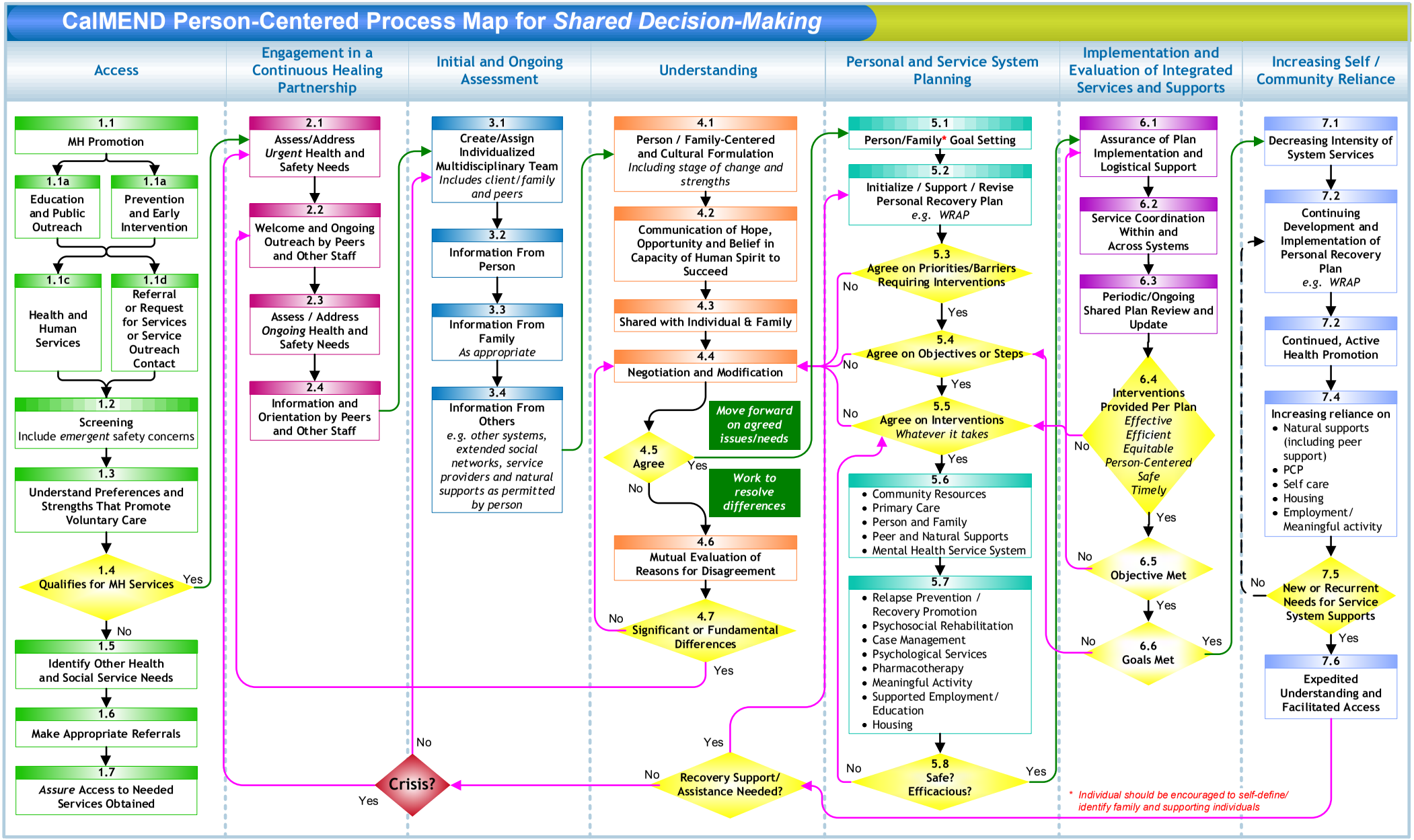
Timely
Reduce waits and sometimes harmful delays for both those who receive and those who give care.

Efficient
Avoid waste, in particular waste of equipment, supplies, ideas, and energy.

Equitable
Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

-- From *Crossing the Quality Chasm: A New Health System for the 20th Century*, Institute of Medicine, 2001

CalMEND Person-Centered Process Map for *Shared Decision-Making*



completion of the preceding tasks. Activities and tasks are depicted by rectangles. The yellow diamonds are decision points that call for shared decisions by clients and providers (with the possible exception of qualifying for mental health services in the access swim lane). "Back-flow", or the need to repeat steps in the process, is identified by purple lines and arrows.

The process map is by no means a perfect depiction of all that is involved; it is an attempt to delineate a process that inherently involves multiple loops and non-sequential elements. The entire process may be far more iterative and interactive than what can be represented in a two-dimensional map. ***In addition and in reality, recovery itself is a non-linear process.*** However, even with those limitations and caveats, the CalMEND process map begins to articulate and bring forward a powerful insight about how system design can either promote and support or thwart person-centered care and shared decision making.

RECOVERY IS NON-LINEAR

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This new found awareness enables the client to move on to fully engage in the work of recovery.

iii. CalMEND Guide

This guide provides a companion narrative for the process map. The text in the following chapters explains and describes the values, intent and concerns embedded in each swim lane and specifies performance goals and measures to support implementation.

The development of this guide began with an extensive review of existing clinical guidelines and algorithms for treatment of schizophrenia, psychosis, and use of antipsychotic medications. The intent was to identify algorithms or guidelines that not only translated evidence into practice, but also promoted principles of recovery, person-centered care, shared decision making, and several other desired attributes. However, it became apparent that there was no single existing guideline that embodies all of CalMEND values and principles, and that the isolated use of algorithms/guidelines was not consistent with the notion of shared decision making, and would not be adequate to ensure quality improvement

Guidelines can be ambiguous and may even provide conflicting information, particularly as new evidence become available. While the literature indicates that guidelines can help to improve clinical practice, their actual implementation is limited, and their effectiveness depends on methods used in their implementation (Grimshaw & Russell, 1993; Trowbridge & Weingarten). In addition, "there is an imperfect evidence base to support decisions about which guideline dissemination and implementation strategies are likely to be efficient under different circumstances" (Grimshaw et al, 2006). And ultimately, clinicians must take into account individual situations in the application of guidelines, highlighting the need for a person-centered approach to clinical practice (Stewart et al, 2003).

The chronic care model provides a framework within which treatment guidelines can be incorporated and effectively utilized as decision support tools. This must occur concurrently with changes in other essential elements of the health care model, namely the clinical information system, self-management support, and especially the delivery system design, in order to assure effective, efficient care (www.improvingchroniccare.org). This guide is the articulation of that delivery system re-design and an effort to provide a description of how a behavioral health system can succeed in providing quality individualized services, fostering collaborative healing relationships, and enhancing the experience of service providers as well as individuals seeking wellness and recovery.

A number of resources inspired and influenced the writing of this current guide. The United Kingdom's National Institute for Clinical Excellence (NICE) developed and disseminated an excellent clinical guideline on the treatment of schizophrenia that was rigorous in evaluation of the evidence base, transparent in the methodology of guideline development, and comprehensive in stakeholder involvement.

Approaches that this guide has borrowed from the NICE guideline include the distillation of information into clear recommendations, the focus on an optimistic, holistic approach to treatment, the attention to sharing appropriate information and involving service users, the inclusion of advance directives, and the use of review or audit criteria. This guide has adopted/adapted a number of the NICE recommendations with appropriate attribution.

STRENGTHS-BASED APPROACH

A primary, respectful approach that focuses on individual choice and preference and a person's strengths, gifts and abilities to help them gain meaningful involvement in society. Every person has strengths that need to be recognized.

Another key resource is the Commission on Accreditation of Rehabilitation Services' 2006 Behavioral Health Standards Manual. These standards describe the details of how quality services are planned, provided, and documented in an organization that promotes person-centered care and recovery values. This guide has adopted/adapted several of these standards.

The conceptual foundation of this guide is based upon "Treatment Planning for Person-Centered Care" by Neal Adams, M.D., and Diane Grieder. This book maps the process of individualized treatment planning, from assessment to understanding, setting goals and objectives, choosing interventions and evaluating outcome, with a focus on building collaborative healing partnerships and a commitment to resilience, wellness and recovery principles.

Other influential works include those of Pat Deegan, PhD, on shared decision making, as well as others too numerous to describe individually. All publications that informed or influenced the writing of this guide are listed in the bibliography that follows each chapter.

iv. Person-Centered Shared Decision-Making

Historically, physicians and other professionals have strongly influenced and even controlled decision making about pharmacotherapy and psychosocial interventions; this can be attributed to a number of factors, including the traditional hierarchical system design and the professional's greater access to information through training, ongoing study and experience. In addition, the role of the helping professional was defined by their ability to provide guidance to those who did not have the same level of knowledge. Treatment plans were developed with the expectation that the consumer would be compliant or adherent with prescribed medications and other interventions. In reality, consumers make their own independent decision on a daily basis; with every dose of a medication, or participation in a prescribed activity, consumers choose to accept or reject the professional's plan.

Choice

It is essential that the mental health system provides a range of options in voluntary services so that together, the client, family and recovery team may explore different courses of action and make informed decisions regarding care and recovery goals. A client is not simply a subject who complies with directives from his/her provider, but rather, clients (and their identified family) and providers are partners in the healing process.

"Shared decision-making refers to a process of health care delivery in which practitioners and clients seeking help for problems or disorders collaborate to access relevant information and to enable client-centered selection of health care resources."

-- Adams & Drake, 2006

"Choice, self-determination, and empowerment are foundational values for people with disabilities, including people with psychiatric disabilities. Shared decision making is a clinical model that upholds these values. It helps to bridge the empirical evidence base, which is established on population averages, with the unique concerns, values, and life context of the individual client."

-- Deegan & Drake, 2006

Shared decision-making proceeds from the premise that both the treatment process and outcomes are improved when clients and providers collaborate in making health care decisions with the recognition that both clients and providers have equally important expertise to contribute to the process (Adams & Drake 2006). Clients are experts on their preferences, values, and lived experience of illness and recovery. Providers have knowledge about diseases, diagnosis, treatment options, and outcome possibilities.

"…The practitioner becomes a consultant to the client, helping to provide information, to discuss options, to clarify values and preferences and to support the client's autonomy".

-- Adams & Drake, 2006

Knowledge is power. In order for decision making to be truly shared, consumers must have information that enable them to engage with their health care provider and actively participate in a meaningful and relevant way in the development of an individual treatment/recovery plan. Having shared access to the same information to guide decisions ultimately

empowers both providers and consumers, supports their efforts at developing a mutually agreeable plan, and results in a collaboration that is healing and satisfying to both.

Research in several areas of medicine shows that active client participation results in a variety of benefits ranging from increased satisfaction to decreased symptom burden. (Adams & Drake, 2006) Research has shown that patient-centered communication is associated with positive benefits such as:

- greater patient satisfaction;
- physician satisfaction;
- better patient adherence;
- better self-reported health; and
- fewer malpractice claims (Stewart et al, 2003).

One strategy for providing consumers and family members with usable information is the development of decision aids. With these shared information resources, provided in an individualized context, consumers and families are better able to judge the value of benefits versus risk associated with any treatment decision—including the option to forgo treatment. Accurate and usable information is critical to decision making and decision aids should help to support the consumer by:

- reducing uncertainty;
- making risks/benefits or advantages/disadvantages as explicit as possible;
- improving knowledge;
- creating realistic expectations; and
- clarifying personal values.

The CalMEND process map identifies important early steps, or pre-conditions, to sharing in decisions about optimal and individual recovery services and supports. Looking back at the process map, it is fortunate that the decision point on shared understanding occupies the center of the graphic map: it is perhaps the most critical of all the decision points. Understanding provides the basic foundation for engagement, assessment, planning, and the entire treatment process to follow.

GOAL-ORIENTED

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

A shared understanding is documented in a written narrative understanding or integrated formulation that might include insights into precipitating and/or perpetuating factors, preferences and priorities, strengths and resources, stage of change/motivation and cultural concerns. Compassionate and empathic understanding is often the key that unlocks the door of possibility for individuals feeling overwhelmed and unable to proceed in their own recovery. An explicit and shared understanding is the common ground from which clients and providers can set goals and develop individual recovery plans.

DIGNITY AND RESPECT

Dignity and respect ensure that the recovery team engages the whole person, and is not just treating a "diagnosis". Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect provide inclusion and the full participation of clients in all aspects of their lives, including welcoming communities and services.

Understanding is a critical element of patient-centered medicine, as defined by Stewart et al, which:

(a) explores the patients' main reason for the visit, concerns, and need for information;

(b) seeks an integrated understanding of the patients' world – that is, their whole person, emotional needs, and life issues;

(c) finds common ground on what the problem is and mutually agrees on management;

(d) enhances prevention and health promotion; and

(e) enhances the continuing relationship between the patient and the doctor.

(Stewart et al, 2003)

CalMEND seeks to link all these concepts together into a delivery system designed to support person-centered shared decision-making. Accompanied by appropriate self-management, decision support and information technology resources, this model design of a service delivery system aims to promote productive interactions between clients and providers and, in doing so, enhance recovery/wellness outcomes.

V. LANGUAGE/TERMINOLOGY

This guide was written with careful attention to the use of language and terminology—it is a sensitive issue in the mental health field and one that often produces intense debate and emotional reactions given individual and collective history and experience with the mental health system. The selected terms identified below were agreed upon as a lexicon for this guide by a group of stakeholders representing the diverse perspectives which make the mental health field dynamic and rich. This is by no means intended to suggest that there are not other–or even better—terms and phrases that could have been used. Rather, the included/selected language reflects the consensus of the development workgroup at the time—and like so many things, can and likely will be changed over time.

- The term Behavioral Health may be used to describe both mental health and alcohol/other drug problems/services

- The terms Consumer, Client, Person Served/Person Seeking Services, Person, Individual, Service User were chosen to describe/designate people who are requesting and/or receiving services and supports within the mental health system. The recommendation is that on an individual level, it may be important to ask people their preference in self-definition or self-description. When the term "patient" is used, it is in the context of quotations.

- To refer to a group of individuals, consumers, or clients, the terms Client Group, Self-Help Group, and Consumer Group were selected.

- Those individual and groups who are primarily responsible for providing services and supports will be referred to as Provider, Peer Provider, Clinician and/or Peer with the recognition that they frequently work in groups that are referred to as Services & Support Team or Recovery Team with the clear implication that peers are included as part of those teams. These staff frequently work within the System or a specific Service Organization.

- Important people in the lives of consumers and clients may be identified by a number of terms and names depending on the circumstances and context. These may include Family, Family members, Identified Family, Significant Other, Care-giver, Allies and Partners. Family may refer to family of origin or family of "choice" that may include traditional as well as self-defined/identified affiliations and commitments.

- Natural Supports:

- For children, youth, and adults, natural supports are critical to decreasing stigma and isolation as social inclusion increases their wellness.

- Natural supports represent "not to do for, but with people."

- Natural Supports means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and work places; and associations developed through participation in clubs, organizations, and other activities. (California Department of Developmental Services, http://www.dds.cahwnet.gov/publications/PDF/Natural_Supports.pdf)

- Recovery may also be described as a Recovery Process or Recovery Journey.

- Written summaries of the information gathered in assessment and the derived understanding are referred to as an Integrative Formulation.

- Written plans that help to guide and individual consumer's client's recovery may be referred to in context as the Treatment Plan, Service Plan, or Personal Recovery Plan

- These plans are described as client-driven.

- The terms Opportunity and Empowerment are preferred over accountability/responsibility.

.

vi. Cultural Factors

CalMEND's commitment to ensure culturally competent service delivery systems and to promote equity in access and quality are essential components of overall efforts at systems transformation. The CalMEND strategy for establishing culturally competent service delivery is multidimensional and requires both an individual as well as organizational commitment. To succeed, individual service providers must strive to function effectively in the context of ethnic, cultural and linguistic relevance and organizations must employ a variety of strategies derived from an accurate knowledge base that reflects the diversity of the communities served.

Culture, race and ethnicity are often used interchangeably but actually represent three distinct concepts of identity. It is important to understand the distinctions as well as the connectedness of the concepts.

- *Ethnicity* is usually self-defined and refers to an individual's sense of identification and belonging to a group of people with shared values, practices, beliefs, history and origin. Ethnicity can include nationality, blood lineage, ancestry and religious beliefs.
- The term *race* historically has been used to group people by their biological similarities (Lu et al 1995), which commonly led to grouping people by skin color and other physical features rather than genetic factors. The term is used less in today's trends and most commonly applied for census and other demographic reports. It does not effectively account for people of mixed race.
- *Culture* refers to a collective set of practices, beliefs, values and understandings. Community, family, ethnicity, occupation, sexual orientation, gender, age, language, spirituality, historical experience, geographic location and economics are factors that influence one's cultural identify.

HOLISTIC

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community.

HARMONY

Harmony can be described as a state of spiritual, physical, communal and emotional balance for the individual, his/her family and community. This state of being can foster health, wellbeing, purpose and recovery. Although harmony is something developed by an individual, services and supports can promote or hinder the process.

However, cultural and ethnic identity does not emerge from a set of fixed traits belonging to a particular group. Rather culture and ethnicity are concepts which are self-defined and therefore should be regarded as changeable and fluid depending on the social context. A person may identify with multiple subcultures, each with a varied set of values, beliefs and practices. This is essential knowledge to promote successful engagement, assessment, treatment and recovery for all individuals.

CalMEND's work reflects an understanding that culture, race, and ethnicity influences the client's health beliefs, interpretation of illness, recovery and wellness,

response to treatment, decision making, and successful outcomes. The individual's cultural identify, values, behaviors and practices should be regarded at every level.

The elimination of ethnic and racial disparities in mental health and related service delivery systems must be a high priority in any effort at systems transformation. The Surgeons General's report: Mental Health: Culture, Race and Ethnicity revealed significant disparities in mental health care for racial and ethnic populations compared with whites (U.S. Department of Health and Human Services 2001). The disparities were found in access, quality of care, research appropriate care and outcomes. Therefore, ethnic, cultural and linguistic specific considerations are emphasized throughout CalMEND work. Cultural relevance specific to each swim lane will be discussed in each chapter.

All encounters with all clients should be considered cross-cultural encounters. Continual assessment for cultural needs and values should occur throughout the clinical process. Assuring that cultural considerations are part of even the initiation of contact will enhance the engagement process; this also provides new opportunities to explore and understand client values and the impact of services and supports at each encounter. All CalMEND data analysis should include a sub-analysis based on ethnicity and culture to assure equity and promote ongoing efforts at eliminating ethnic and racial disparities.

CalMEND strongly advocates client-/family-centered approaches to care which further supports cultural competency. Incorporating the individual and family perspective in treatment planning and initiating one-on-one communication with clients and their family members can strengthen engagement and enhance shared decision making process. Eliciting the individuals' and families' unique beliefs and concerns can significantly impact the development of treatment goals, objectives interventions, and overall outcomes for the individual.

Ethnic and culturally determined health beliefs and practices can profoundly affect clinical assessment and diagnosis which in turn directly influence treatment interventions and overall recovery. The cultural formulation guidelines in the DSM-IV are recommended as a tool to assist clinicians in conducting accurate cultural assessments and interpreting cultural influences in presenting symptoms.

There are also important cultural, racial and ethnic issues to consider in pharmacotherapy. Responses to psychopharmacological interventions can vary considerably across and within ethnic groups. This requires careful consideration of multiple variables, including genetics, biological, environmental and psychosocial influences as well as metabolic rates. Although there are current limitations to data regarding ethno-psychopharmacology, CalMEND supports practices informed by the existing data. In addition, CalMEND hopes to promote cross-cultural

INCLUSION

At a system level, services and supports should welcome and respect individual cultural and ethnic identities and linguistic preferences. A recovery team must impart a sense of personal value in the client and convey belief in his/her capacity to succeed.

Further, to support the inclusion of mental health clients throughout broad communities, ongoing efforts must be made to reduce prejudice, eliminate stigma, and create greater understanding and acceptance of mental illness everywhere in the community

psychopharmacological research and ongoing analysis of possible effects of psychotropic medications on ethnic and racial groups.

Promoting wellness and recovery success requires understanding the unique needs, preferences and desires of each client as well as working with the client to identify and access services and resources to meet those needs. Although a desired practice or service may not be readily available within the scope of an organization, respecting the clients' choice and honoring the client's desire to health and well being should prompt service providers to seek alternative services and interventions that optimize the client's opportunity to access support and care.

There are several strategies to support this level of access, intervention and available resources.

- CalMEND will work to create a repository of informational resources pertaining to ethnic, cultural, linguistic specific treatment interventions along with wellness and recovery concepts. These resources should be accessible to clients, service providers and organizations to fulfill CalMEND's vision and mission.

- Training, technical assistance and on going shared learning will be supported in order to assist systems in building and enhancing the ethnic and cultural knowledge base.

- CalMEND recognizes that help-seeking patterns are often guided by the suggestion of family or community by tradition and values and that many consumers commonly consult family and community when a family member is suffering or dealing with conflict, and turn to families as a source of strength and support.

- CalMEND will promote and facilitate ongoing culturally competent and responsive services for communities. This will require both individual and organizational change in order to promote equitable satisfaction, wellness, recovery and meaningful community inclusion for all.

INTER-DEPENDENCE

Interdependence is the dynamic of being mutually dependent upon and responsible to others. Like independence, inter-dependence is a cultural value that instills dignity and self worth in an individual by allowing him/her to fulfill a unique role in family, culture and/or community.

vii. BIBLIOGRAPHY

Adams, J. and Drake, R. "Shared Decision-Making and Evidence-Based Practice." Community Mental Health Journal, 42.1 (2006).

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Academic Press, 2005.

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.
*__need permission to cite.__

Institute of Medicine. Crossing the Quality Chasm: A New Health Care System for the 21st Century. Washington, D.C.: National Academy Press, 2001..

Institute of Medicine, Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Improving the Quality of Health Care for Mental and Substance-Use Conditions. Washington, D.C.: National Academy Press, 2006.

Grimshaw, J.M. and Russell, I.T. Effect of Clinical Guidelines on Medical Practice: a Systematic Review of Rigorous Evaluations. London: Lancet, 1993. Vol. 342, 1317-22.

Grimshaw, J.M., et al. "Toward Evidence-based Quality Improvement: Evidence (and its Limitations) of the Effectiveness of Guideline Dissemination and Implementation Strategies 1966 - 1998" Journal of General Internal Medicine, 21.2 (2006): S14-S20.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. *__need permission to cite.__

Stewart, M. et al. Patient-Centered Medicine: Transforming the Clinical Method. 2nd ed. Arbingdon: Radcliffe Medical Press, 2003

Agency for Healthcare Research and Quality. Making Health Care Safer: A Critical Analysis of Patient Safety Practices. Evidence Report/Technology Assessment: Number 43. AHRQ Publication No. 01-E058, Rockville, MD: 2001. http://www.ahrq.gov/clinic/ptsafety/

Wagner, E. H. "Chronic Disease Management: What Will it Take to Improve Care for Chronic Illness?" Effective Clinical Practice 1:2-4 (1998).

Improving Chronic Illness Care. www.improvingchroniccare.org The Improving Chronic Illness Care program is supported by the Robert Wood Johnson Foundation, with direction and technical assistance provided by Group Health's MacColl Institute for Healthcare Innovation.

BIBLIOGRAPHY FOR CULTURAL COMPETENCY AND CAL MEND

Anthony, M.. "A Cultural Values Assessment Tool." Journal of Cultural Diversity 4.2 (1997): 49-52.

APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations 2005. Referenced January 21, 2007.

Balsa A.I and McGuire, T.G. "Prejudice, Clinical Uncertainty." Journal of Health Economics 22.1 (2003): 89-116.

Bazaldua, Q.C. and Sras, J. "Cultural Competence: A Pharmacy Perspective" Journal of Pharmacy Practice 17.3 (2004): 160-166.

Beal, G. "Knowledge & Action. Developing Cultural Competence." Journal of Psychosocial Nursing and Mental Health Services 43.1 (2005).

Benavente, Y.G. "Cultural & Linguistic Competency Assessment House Leader" (2004): 25 – 30.

Betancourt, J.R., Green, A.R., Cauilo, J.E and Amereh Fimpony, O. "Defining Cultural Competence". Public Health Reports (2003): 118-293.

Brach, C. & Fraser, I. "Can Cultural Competency Reduce Racial and Ethnic Health Disparities?" Medical Care Review 57.1 (2000): 81-217.

Cultural Competency Standards for Underserved Racial/Ethnic Groups. October 2004.

Chin, J.L. "Culturally Competent Care." Public Mental Health Reports (2000): 115, 25-33.

Congress, E, P. "Cultural and Ethnic Issues in Working Use of Culture Grams" Social Work in Healthcare 39.3-4 (2004): 249-262.

Cotton, T.K. "When It Comes to Cultural Competency Never Assume Anything." Nursing Spectrum 12.20 (1999): 38.

Cruz, H.A. "A Truth is Often not a Truth When It Crosses Cultural Boundaries." Journal of the California Alliance for Mentally Ill 10.1 (1999): 33-34.

Dean R.G. "The Myth of Cross Cultural Competence." Families in Society 82.6 (2000): 623-630.

Lu F.G., Lim R.F., Mezzich J.E. Issues in the assessment and diagnosis of culturally diverse individuals. Washington DC: American Psychiatric Press Review of Psychiatry, Vol 14. 1995.

Mc Murray, A. Culturally Sensitive Evidence-Based Practices. Collegian, 2004.

Resources for Cross Cultural Health Care Center for the Advancement of Health, Department of Health and Human Services (US) Office of Minority Health. Cultural and Linguistic Competence Standards and Research Agenda Project: part one: national standards: project overview (cited 1999 Dec 6).

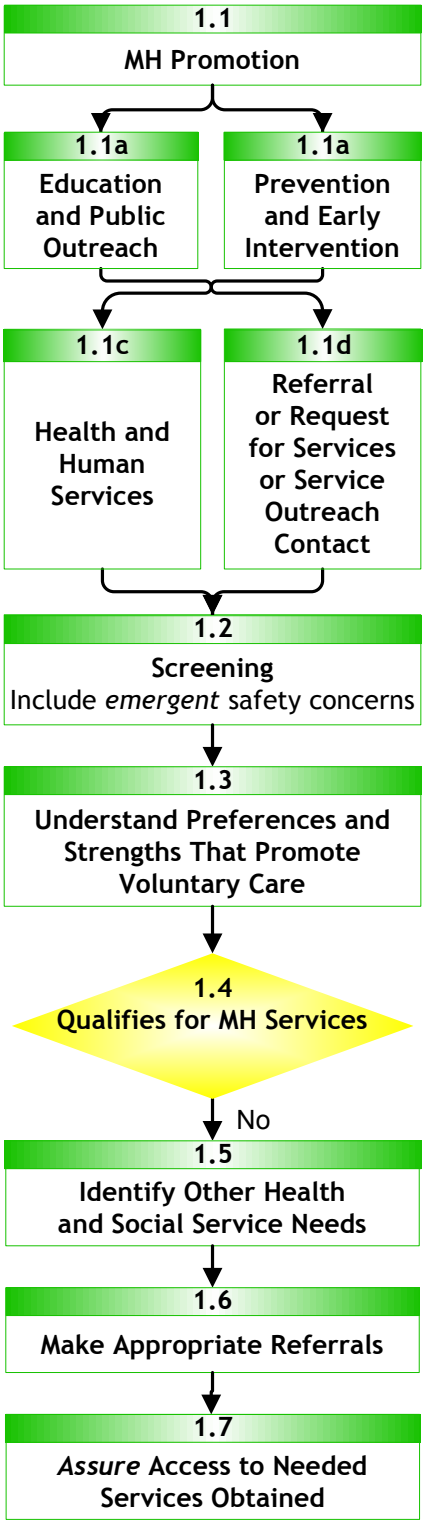
Wierzbicka, A. "In Defense of Culture." Theory and Psychology 15 (2005): 575-597.

CHAPTER 1

ACCESS

"Quality of care and choice is provided from first contact with a client. Accessing mental health services should be uncomplicated, straight-forward and painless. Individuals, families, providers and communities must work together to facilitate access throughout the system so that a client experiences no wrong doors on his/her journey of recovery. ."

"Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities."

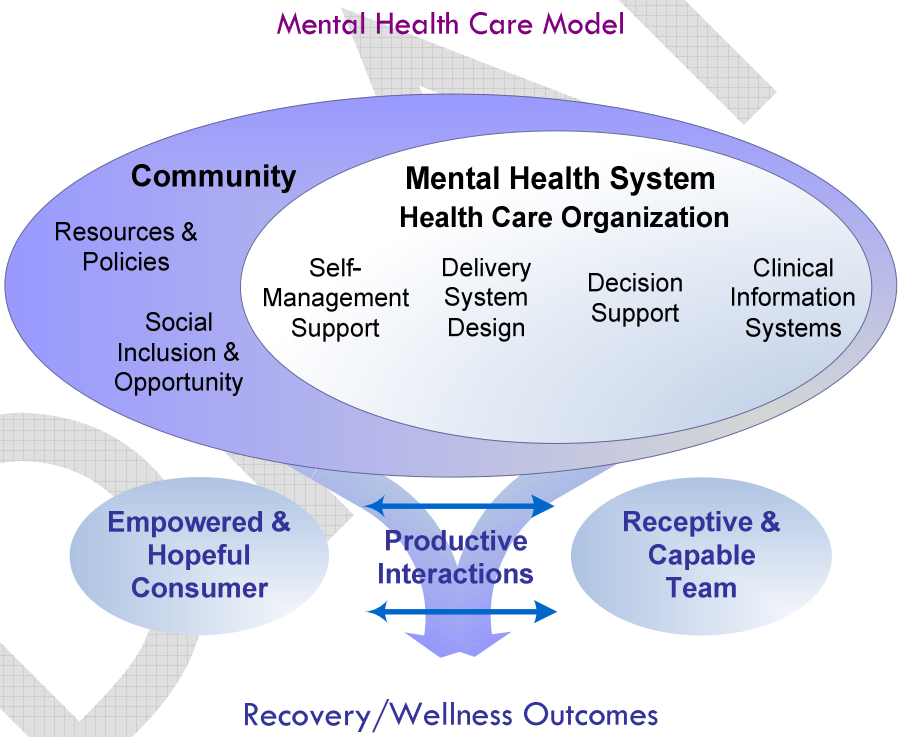


1.0 Overview: There is No Health Without Mental Health

"Mental health is not just the absence of mental disorder…It is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

-- World Health Organization (WHO), 2001

When the overarching goal is mental health, as defined above, it is essential to consider more of a public health perspective and the role of communities—in terms of resources, policies, social inclusion and opportunity—as well as the importance of promotion, prevention and early intervention along with the treatment of individuals. If CalMEND is to succeed in being a catalyst to the transformation of the mental health system and promoting culturally competent person-centered practice, it must impact both the community as well as the service delivery system. This is depicted clearly in the modified version of Wagner's chronic care model below.



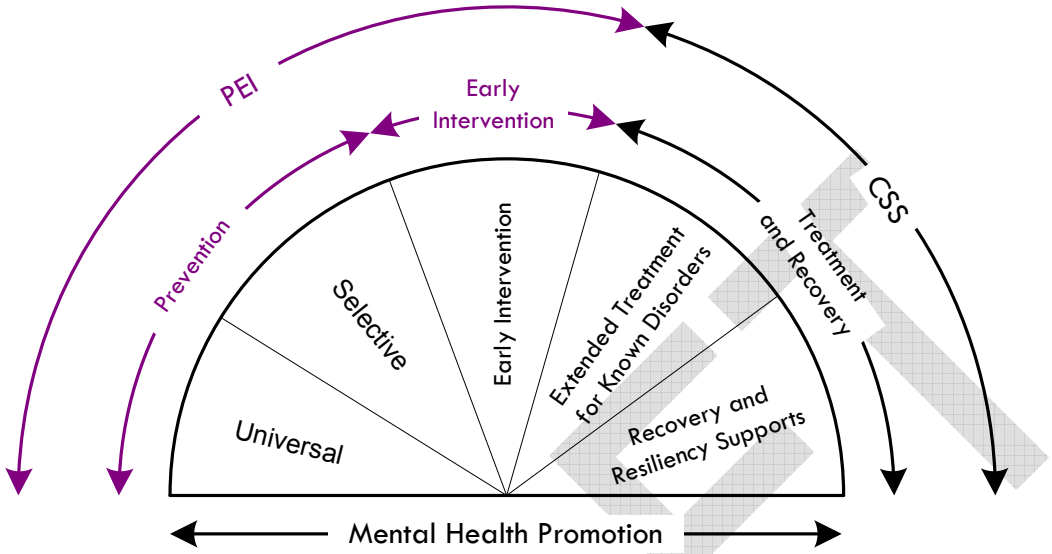
In addition, the relationship between promotion and prevention activities to individual treatment can be summarized in the diagram below. (Note: this will be considered in additional detail in Chapter 7)

In considering issues of access, some attention must be paid to the entire spectrum of mental health promotion, as there are critical elements of an optimal mental health service system that can contribute significantly to promotion efforts.

HOPE

Hope is belief in an individual's ability to get well and live a meaningful life. Hope is the foundation and catalyst of the recovery process, leading to a sense of strength, competence, and positive gain. Hope in a better future provides an essential and motivating message of recovery, that people can and do overcome the barriers and obstacles that confront them.

Mental Health Intervention Spectrum Diagram



California Department of Mental Health, September, 2007. Diagram adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000)

Access is critical to success. It is the first of a multi-step process that ideally leads to successful recovery and community participation / inclusion for individuals and families at risk and/or in need of mental health services. A well-designed system should:

- provide a welcoming and inviting atmosphere for all individuals, clients and potential clients, family members, providers, staff, volunteers, and visitors, so that all contacts can occur in an optimally engaging and healing manner;
- work in collaboration with individuals' / families' natural supports and pro-actively engage those in need of services in a collaborative healing partnership while promoting skills toward self-management and healthy habits;
- provide education, support to family members, and work with other agencies in public outreach efforts to reduce the stigma of mental disorders;
- coordinate prevention and early intervention efforts with other health and human service agencies while ensuring equitable, timely access for those in need of behavioral health services;
- provide appropriate referrals for those in need of other medical or social services, and ensure access to needed services.

EASY ACCESS

Providing easy access entails quality of care and choice being present from the first contact with a client. Mental Health services can be most effective when access to them is uncomplicated, straight-forward and painless. It is essential that individuals, families, providers and communities work together to facilitate access throughout the system so that a client experiences no wrong doors on his/her journey of recovery.

However, historically, the mental health system has not done well with access. Many individuals, families and communities perceive the mental heath service delivery system as inaccessible and unwelcoming. Barriers are both perceived and real, both physical and psychological, and include concerns about cost, safety and schedule. Additional concerns include inadequate efforts to welcome and engage underserved communities, and the lack of culturally and linguistically appropriate services throughout the mental health system.

EQUITABLE

It is vital that no stigma or discrimination is applied to clients and families.

Despite numerous efforts over decades, access remains a problem, as documented in several reports and studies, including the President's New Freedom Commission Report and the Institute of Medicine's Quality Chasm Report for Mental and Substance Use Conditions. In addition, the Surgeon General's 2001 Report, *Mental Health: Culture, Race, and Ethnicity* highlighted the significant disparities in access based on race and ethnicity. A major finding in this report is that *racial and ethnic minorities have less access to mental health services than do whites, bear a greater burden from unmet mental health needs and suffer greater loss to their overall health and productivity.* Evidence for other disparities also exists.

"Despite the effectiveness of treatment and the many paths to obtaining a treatment of choice, only 25 percent of persons with a mental disorder obtain help for their illness in the health care system. In comparison, 60 to 80 percent of persons with heart disease seek and receive care. More critically, 40 percent of all people who have a severe mental illness do not seek treatment from either general medical or specialty mental health providers. Indeed, the majority of persons with mental disorders do not receive mental health services. Of those aged 18 years and older getting help, about 15 percent receive help from mental health specialists. Of young people aged 9 to 17 years who have a mental disorder, 27 percent receive treatment in the health sector. However, an additional 20 percent of children and adolescents with mental disorders use mental health services only in their schools. "

-- US Department of Health and Human Services, 2000

Some of the problems may be a result of what has traditionally been a relatively passive role of the mental health system—only responding and reacting to requests for services rather than taking the initiative to reach out to those at risk or in need. Often challenged by demand that outstripped available resources, many systems have experienced disincentives to being more pro-active in outreach and engaging those in need and have unwittingly created barriers to access as a way of essentially rationing limited resources and serving only those with the most severe needs. This has resulted in a system that often times seems to unwittingly promote illness and disability despite the stated commitment to the values and principles of health, wellness and recovery.

While mental health services may be provided in a wide range of settings and service systems—e.g. county health systems, primary care clinics, schools, correctional settings, developmental disability services, addiction services, etc.—eligibility and access to services in each of these settings may differ significantly based on funding, capacity, policies and other largely administrative factors.

EMPOWERMENT

A client and his/her family of choice is empowered when their needs, wants, desires and aspirations are respected, valued and encouraged. It is imperative that clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—as they are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

1.0.1 Regardless of differences in funding, policy and other administrative factors, clinical policies and practices are in place to remove real as well as perceived barriers in order to promote and support access to a full range of prevention along with treatment and recovery services.

1.1 Mental Health Promotion: Mental Health is Everybody's Business

The World Health Organization's Ottawa Charter for Health Promotion has played an important role in shifting the focus away from an individual disease prevention approach to a population health approach, emphasizing the underlying influences on health, including political, economic, social, cultural, environmental, behavioral, and biological factors.

EASY ACCESS

Quality of care and choice is provided from first contact with a client.

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to overall well-being."

-- Ottawa Charter for Health Promotion, World Health Organization (WHO), 1986

In 2005, the World Health Organization asserted that mental health promotion aims to have a positive effect on mental health, and requires broad participation. They further stated that health promotion involves "actions and advocacy to address the full range of potentially modifiable determinants of health," and the objectives of *mental health promotion* are to foster:

- the development and maintenance of healthy communities;
- each person's ability to deal with the social world through skills like participating, tolerating diversity and mutual responsibility; and
- each person's ability to deal with thoughts and feelings, the management of life and emotional resilience.

(WHO, 2005)

HOLISTIC

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community. Accordingly, recovery may involve all aspects of life, including but not limited to housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation and family supports as determined by the person.

Thus, mental health promotion involves both a population health approach and a person-centered, individualized approach. "Understanding health as a state of complete physical, mental and social well-being demands attention to the individual's holistic potential for health." (Stewart et al, 2003) The notion of mental health promotion, within the context of providing mental health services, invokes a more holistic approach towards mental health. This takes into account people's mental, physical, spiritual and emotional needs and draws on people's own expertise in living and coping with mental distress. Programs that have been shown to be effective in promoting mental health include those that, promote supported employment, strengthen opportunities for creativity and social support, and reduce the stigma and discrimination associated with mental health problems. (Jane'- Llopis et al, 2005, p. 17)

Evidence from systematic reviews of mental health promotion and preventive interventions shows long-lasting positive effects on multiple areas of functioning,

leading to outcomes such as improved mental health, reduced risks of mental disorders and enhanced social and economic benefits. (Jane'-Llopis et al, 2005, p. 10)

1.1	Consistent with the recommendations of the Ottawa Charter of Health Promotion and the World Health Organization, CalMEND endorses and seeks to support the efforts of mental health policy makers, funders and provider systems in their efforts at:
1.1.1	Building healthy public policy
1.1.2	Creating supportive environments
1.1.3	Strengthening community action
1.1.4	Developing personal skills
1.1.5	Reorienting health services

COMMUNITY PARTNERSHIPS AND COLLABORATION

It is imperative that the mental health system direct outreach efforts to the broad array of diverse communities in which clients are a part (i.e. support groups, educational, religious and cultural centers, wellness centers, advocacy support, etc.) in order to promote understanding and responsiveness to the needs of clients and families on their recovery journeys, create awareness of stigma and discrimination, and further, work consistently to reduce it for persons with mental illness.

CalMEND has identified two major strategies/opportunities for mental health promotion in the larger context of access to mental health services consistent with the California Mental Health Services Act implementation plan. This includes:

- Education and public outreach (1.1.A)
- Prevention and early intervention strategies (1.1.B)

The over-riding philosophy about access to these mental health promotion/treatment activities and services is that there are ***multiple opportunities*** and that there should be ***no wrong door***. These promotion efforts should be accessible across a wide range of settings within the community and within the service delivery system. This guide is focused on two of those access points and opportunities:

- Within the Health and Human Services System (1.1.C)
- In response to a request or referral for mental health services and/or service outreach contact (1.1.D)

1.1.A EDUCATION AND PUBLIC OUTREACH

Stigma and fear about mental illness may be as old as human history. But stigma is quite pernicious and erosive and creates barriers to access, engagement and successful recovery and reduces the potential for promoting mental health. Fears of

discrimination as a result of seeking mental health treatment and/or being identified as someone with a mental illness are real and often validated by experience. This can have a negative impact on both clients and providers, and can even lead to inappropriate treatment, unemployment, and homelessness. Stigma linked to culturally influenced values as well as interpretations and understandings of mental illness can increase mistrust of the service system and further limit help-seeking and access to appropriate care. The elimination of stigma associated with mental disorders can in turn encourage more individuals to seek needed mental health care. (U.S. Department of Health and Human Services, 2000). Targeted outreach using a variety of culturally appropriate approaches can be particularly effective in underserved community settings.

INCLUSION

To support the inclusion of mental health clients throughout broad communities, ongoing efforts must be made to reduce prejudice, eliminate stigma, and create greater understanding and acceptance of mental illness everywhere in the community

Evidence that mental disorders are "real" and not life style "choices", along with data that demonstrates that they are highly responsive to appropriate treatment, can be used as a potent antidote to stigma.

Data about the prevalence of mental illness and its impact on individuals, families and communities can help to reduce stigma by demonstrating how common this health problem can be. A partial summary of the epidemiologic findings about the incidence and prevalence of mental disorders includes the following:

- The estimated lifetime prevalence for mental disorders among the U.S. adult population are approximately 29% for anxiety disorders, 25% for impulse-control disorders, and 21% for mood disorders, 15% for substance-use disorders, and 46% for any of these disorders.

(Center for Disease Control and Prevention, 2005)

- At least one in five children and adolescents between age 9 and 17 years has a diagnosable mental disorder in a given year.

(U.S. Department of Health and Human Services, 2000)

- An estimated 25 percent of people age 65 years and older (8.6 million) experience specific mental disorders, such as depression, anxiety, substance abuse, and dementia that are not part of normal aging.

(U.S. Department of Health and Human Services, 2000)

- Among adults aged 18 years and older with a lifetime history of any mental disorder, 29 percent have a history of an addictive disorder; of those with an alcohol disorder, 37 percent have had a mental disorder; and among those with other drug disorders, 53 percent have had a mental disorder.

(U.S. Department of Health and Human Services, 2000)

MEANINGFUL NICHE/FULFILLING LIFE

The realization of an individual's strengths can bring meaning to and fulfillment of one's life by creating renewed hope, purpose, and the opportunity to search for his/her dreams, discover who he/she is and what makes him/her happy. Finding a meaningful niche is the path to discovering one's self, strengths and direction.

In order to promote mental health, foster education, and support public outreach, there are a number of specific activities that should be part of a person-centered and recovery oriented system of care.

1.1.A	There are active, ongoing efforts to promote access through education and public outreach that consistently and repeatedly:
1.1.A.1	provide information about the incidence and prevalence of mental illness;
1.1.A.2	provide accurate information about mental illness that serves to de-stigmatize and de-mystify mental illness;
1.1.A.3	provide information about the effectiveness of a range of treatments;
1.1.A.4	communicate a hopeful message about recovery and wellness; and
1.1.A.5	identify readily available access points for assessment and services.

COMMUNITY PARTNERSHIPS AND COLLABORATION

Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities.

1.1.B PREVENTION AND EARLY INTERVENTION

"Mental health promotion activities imply the creation of individual, social and environmental conditions that enable optimal psychological and psycho-physiological development. Such initiatives involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in health expectancy between countries and groups. It is an enabling process, done by, with and for the people. Prevention of mental disorders can be considered one of the aims and outcomes of a broader mental health promotion strategy."

-- Hosman & Jane-Llopis 1999 in WHO, 2005

Prevention encompasses a range of promotion activities that are *universal*—i.e. directed at the entire population—and *selective*—i.e. directed to a group of individuals/communities who are seen as being at increased risk for mental illness. Prevention of mental illness aims at "reducing [the] incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society" (Mrazek & Haggerty, 1994, in WHO, 2004, p. 17)

Early intervention refers to promotion activities directed towards individuals, families and communities who are at high risk and are beginning to manifest signs and symptoms of mental illness that precede the onset of known disorders requiring extended treatment. This is also known as *indicated prevention*. (WHO, 2004)

A major public health problem is the increased risk of morbidity and mortality associated with serious mental illness. "People with serious mental illness (SMI) die, on average, 25 years earlier than

the general population…While suicide and injury account for about 30 – 40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases." (National Association of State Mental Health Program Directors Medical Directors Council, October 2006)

TIMELY CARE

When needed, it is imperative that services are promptly and appropriately provided on an individualized basis in order to restore and sustain clients' and families' integration in the community.

An example of a specific early intervention program is the Early Psychosis Prevention and Intervention Centre program (EPPIC). Some of the potential benefits of this early intervention include: reduced morbidity; more rapid recovery; better prognosis; preservation of psychosocial skills; preservation of family and social supports and the decreased need for hospitalization. (Jane'-Llopis et al, 2005, p. 17)

In a person-centered, recovery-oriented system, resources are dedicated to prevention and there are ongoing efforts at outreach and early intervention.

1.1.B	Resources and staff with the required competencies are dedicated to mental health promotion that includes:
1.1.B.1	prevention activities for all members of the community as well as specific interventions as appropriate for selected groups who are at risk
1.1.B.2	facilitated access to early intervention services/programs for individuals and families who are beginning to experience signs and symptoms of a mental illness

1.1.C HEALTH AND HUMAN SERVICES

"The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components."

-- Ottawa Charter for Health Promotion, 1986

While responsibility for community based as well as individual mental health promotion activities is not the exclusive domain of the health and human services, this sector inevitably plays a critical role in the full spectrum of mental health services—from access to recovery and community integration.

"Treatment for mental disorders is available and effective. However, the majority of persons with diagnosed mental disorders do not receive treatment. The challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services for all persons, particularly among populations that are disproportionately affected. Public health agencies can incorporate mental health promotion into chronic disease prevention efforts, conduct surveillance and research to improve the evidence base about mental health in the United States, and collaborate with partners to develop comprehensive mental health plans to enhance coordination of care."

-- Ottawa Charter for Health Promotion, 1986

Responsibility for health promotion is shared among individuals and families, community groups, health care providers, health service programs, institutions and governments. They must work together towards a health care system that consistently works to remove barriers and promote access and contribute to the pursuit of health. The entire system should be *mental health capable* in a way that mental health needs are promoted, identified and access to appropriate services are facilitated throughout the system so that individuals and communities do not experience barriers or *wrong doors*.

Recommended changes by the Surgeon General include:

- improve geographic access;
- integrate mental health and primary care;
- ensure language access;
- coordinate and integrate mental health services for high-need populations. (U.S. Department of Health and Human Services, 2001)

Improving access for ethnic, cultural communities requires a multi-pronged approach including the availability of culturally competent and capable provider organizations. The Office of Minority Health of U.S. Department of Health and Human Services developed a set of standards which emphasize the impact of culture and language on access to health services and the significance of culturally relevant and appropriate responsiveness for improved client outcomes. The standards could serve as a guideline for organizations to design culturally and linguistically appropriate services. (U.S. Department of Health and Human Services, Office of Minority Health, March 2001)

1.1D Referral or Request for Services or Service Outreach Contact

For the access process to be truly person-centered, the mental health system must move beyond passive reception to proactive outreach. This means collaboration

Client and Family Involvement in System Development

As vital informants to system design and development, it is essential that client and family members participate on development and decision-making bodies within all levels of the mental health system, are educated about mental health funding and the implementation of laws, have impact on policy and quality improvement issues, and are recognized in their roles as experts by compensation for their time at a fair and competitive rate.

Community Partnerships and Collaboration

Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities.

with other health and human services agency to meet individuals' and families' needs at the point of contact, wherever contact may occur. There are numerous efforts in place or under-way that provide good examples of this approach.

ENGAGEMENT

Engagement and trust-building may take considerable time and consistent effort from providers as it is important to move at a pace that is comfortable to clients and families. Strategies that are patient, persistent and non-threatening are keys to engaging clients and families into all service settings.

"Their mission is to screen and evaluate persons with mental illness who come into contact with police and to refer them to the most appropriate service available and in the least restrictive environment possible. Places where police/mental health crisis teams have been implemented have reported increased police safety, time savings for patrol officers and savings for taxpayers."

-- California Department of Mental Health, Frequently Asked Questions, Community Services and Supports Component, December 13, 2005

In mobile crisis team partnership with law enforcement, mental health providers work with law enforcement personnel to identify and respond to mental health needs of individuals who come into contact with law enforcement. These psychiatric emergency response teams provide a co-response of both police and mental health staff in emergency situations.

Mental health providers also work in conjunction with school and other community programs to facilitate prevention and early intervention efforts for children and youths. "Research has shown that resilience is fostered by positive experiences in childhood at home, in school and in the community. When children encounter negative experiences at home, at school, and in the community, mental health programs and interventions that teach good problem solving skills, optimism and hope can build and enhance resilience in children." (California Department of Mental Health, September 2007)

AB2034 programs serving homeless adults with serious mental illness in California have achieved "dramatic reductions in number of days of incarceration and inpatient psychiatric hospitalization," and "significant increases in the number of persons involved in employment activities." AB 2034 refers to "the legislation that provided funding to local mental health programs to act as the single point of responsibility for the comprehensive service needs of individuals who are homeless and have serious mental illness." These programs have demonstrated the importance of a proactive, "whatever it takes" approach, in meeting the immediate and ongoing needs of consumers, by providing housing and work first, ensuring round-the-clock availability of staff "in the field," fostering true collaboration among individuals and community agencies. (Mayberg, 2003)

LINKAGE OF INDIVIDUALS TO COMMUNITY-BASED SERVICES

Person-centered access requires collaboration between health and human service agencies, community-based, and other resources in order to meet individuals' and families' needs at the point of contact, wherever they occur.

Systems of care designed to provide mental health and related services should respond to request for services in a timely fashion and should be engaged in regular and ongoing outreach activities within their communities.

1.1.D.1 Individuals and families requesting services, or referred to services, are welcomed and met with courtesy and respect. Their strengths and preferences are recognized, questions clarified, urgent needs assessed and

	addressed, in a timely, equitable fashion.
1.1.D.2	Programs and initiatives are in place to reach out and engage individuals who may be in need of services but experience barriers to seeking help that may include cultural and language barriers, lack of knowledge, fear, embarrassment, distress, confusion, homelessness, illness, addiction, lack of transportation, lack of financial resources amongst other perceived and real barriers.

1.2 Screening (Include Emergent Safety Concerns)

Not everyone referred for or seeking mental health services is in fact in need of such assistance. Sometimes their needs and/or challenges may require a different response or a range of services within both the health and other human/social service sectors. Screening is the very first step in any effort to understand the nature of their needs and the most appropriate response.

However, before such screening takes place it is important to quickly determine the intensity and severity of the individual's level of physical and emotional distress. It is essential that individuals with urgent needs that may endanger themselves or others receive an expedited or emergent response. Assuring the safety and well-being of the individual, the family and the community is always a first priority.

The process of screening is designed to maximize opportunities for individuals and families to identify their needs and facilitate access to the most appropriate programs and services. Ideally, each person/family is actively involved and has a significant role in the screening process. Screening is conducted in a manner that focuses on and identifies each person's strengths, needs, abilities, and preferences. Screening data may be gathered as necessary through various means including face-to-face contact, record review, information from collateral sources, tele-psychiatry, etc. The data gathered in screening should be a foundation up on which to build a more comprehensive assessment if the individual/family does indeed enter the service system.

The process of screening should remain welcoming and inviting for all involved. One way of achieving this welcoming environment is by using a peer supporter or health educator at the access point, to enhance the comfort and level of trust for clients and family members throughout the screening process.

Not every service system or provider is capable of meeting all the concerns of every individual and family seeking help. Screening involves the use of established criteria in a consistent, equitable, timely way to determine how individuals and families can best be served. When this determination is formalized and in writing, it significantly minimizes subjectivity and inconsistency during the screening. Clearly written and defined criteria reduce the need to exercise subjective judgment in making a decision regarding whether a particular program is applicable to a person's needs. The criteria address both the initial request for help as well as possibly subsequent requests.

1.2.1 Established policies and procedures direct an immediate evaluation of an individual's health and safety so that urgent and emergent needs are addressed and the safety and well-being of the individual, family and community is protected.

Engagement

Engagement is a crucial step towards obtaining accurate information about the client and in helping formulate and carry out an individualized and effective treatment strategy. Engagement includes recognizing and attending to relevant cultural and ethnic values, practices and linguistic preferences.

Peer Support

Peer Support is the sharing of experiential knowledge, skills and social learning and plays an invaluable role in recovery. Clients encourage and engage their peers in recovery by providing each other with strength, a sense of hope, belonging, supportive relationships, valued roles and a sense of community. This relationship may diminish feelings of isolation.

1.2.2	Written policies and procedures define access to services and establish expectations for timeliness. (CARF)[1]
1.2.3	Clearly written screening, admission and referral criteria are established and used to help (CARF):
	1.2.3.a How admissions/screenings will be prioritized.
	1.2.3.b Who is responsible for making admission decisions.
	1.2.3.c Exclusionary or ineligibility criteria.
1.2.4	Screening includes (CARF):
	1.2.4.1 an interview with the person/family or referral source appropriateness for admission to understand the request and need for services
	1.2.4.2 the uniform administration of screening tools instruments , protocols, etc by personnel with specific competencies to use those tools
	1.2.4.3 Identification and documentation of the immediate and urgent needs of the person to be served, including substance use and physical health needs.
	1.2.4.4 evaluation of legal/financial eligibility criteria, when applicable
	1.2.4.5 evaluation of the appropriateness of available services and what sector/service delivery system/organization can provide the services needed

[1] CARF refers to the Commission on Accreditation of Rehabilitation Services' 2006 Behavioral Health Standards Manual. Recommendations marked CARF are adopted/adapted from the CARF manual. See the introduction chapter, section 0.2, for further information on resources used for this guide.

1.3 Understand Preferences and Strengths that Promote Voluntary Care

Whenever possible, all access efforts should be voluntary, and if not self-initiated by the individual/family, they should be as free of coercion or external requirement as possible. Sometimes, the initiation of screening for mental health services occurs on an involuntary basis. Part of the work of screening is to create a safe and welcoming environment that fosters the individual's/family's ability to acknowledge their possible needs for assistance and to participate in screening on a voluntary basis.

SAFE

It is essential that services are provided in an emotionally and physically safe, trusting and caring environment for clients, family members and the recovery team.

"Promising universal and targeted preventive interventions, implemented according to scientific recommendations, have great potential to reduce the risk for mental disorders and the burden of suffering in vulnerable populations. Also, social and behavioral research is beginning to explore the concept of resilience to identify strengths that may promote health and healing. It is generally assumed that resilience involves the interaction of biological, psychological, and environmental processes. With increased understanding of how to identify and promote resilience, it will be possible to design effective programs that draw on such internal capacity."

-- U.S. Department of Health and Human Services, 2000

When individuals and families do request services, they demonstrate a capacity for self-awareness and resilience, a motivation for change that ultimately contributes to recovery. When providers recognize this innate strength, and understand how people move through stages of change or recovery, they can help to promote and advance the clients' healing processes. When the service delivery system is designed such that requests for services are met with true welcoming and respect, then the process of access can be collaborative and healing, for both clients and providers.

There is increasing appreciation for, and recognition of, the unique role peers can have in supporting individuals/families at times of need; peers can help people to overcome some of the fear and anxiety and ambivalence that often complicates seeking/accepting help. There are many ways that peers can be included in the mental health workforce throughout all levels of a system of care. The active involvement of peers/peer supports in access and screening can help to make sure that the preferences and concerns of individuals/families seeking help are heard and understood. Peers can often help individuals and families when they are feeling unsure and vulnerable to feel safe and more confident and hopeful about what lies ahead.

DIGNITY AND RESPECT

Dignity and respect ensure that the recovery team engages the whole person, and is not just treating a "diagnosis". Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect provide inclusion and the full participation of clients in all aspects of their lives, including welcoming communities and services.

1.3.1 Individuals are actively encouraged and supported in their efforts at being self directed and motivated in seeking services.

1.3.2 Active efforts are made to prevent the need for involuntary or coercive interventions.

PERSONAL COMMUNITY

Involvement of personal community may provide the individual with security, protection, and understanding when receiving or seeking services.

1.3.3 Peers and peer supports are well integrated into the overall access process and are available to provide assistance for individuals and help them in making decisions about seeking help.

1.3.4 There are no waiting lists that create barriers to access for mental health screening and needed services.

1.4 Qualifies for Mental health Services

Different systems of care have different service populations and circumstances, thus, each system of care must have their own set of specific standards for admission or access. However, certain general principles apply for all service systems: standards for admission or access are clearly written, defined, and followed universally, to ensure an equitable process for all eligible clients; evidence-based screening tools are used to ensure reliable and replicable assessment and reduce subjective evaluations.

The LOCUS (Level of Care and Utilization Scale) and CALOCUS (Child and Adolescent Level of Care and Utilization Scale) offer a "sound, evidence-based decision support system that ensures fair – and replicable – assignment of a patient to the appropriate level of care" (Sowers et al 2003). It can be a useful tool in not only determining an individual's/family's need for mental health services, but helps to make decisions about the most appropriate level of care or intensity of services and supports.

Regardless of the specific criteria or protocols that may be applied in any particular system/setting, it is important to provide a clear explanation about how and why the person qualifies for receiving mental health services. Information about and what next steps will occur for those individuals/families who are determined to met the criteria for admission/receiving services should be readily available and access to initiation of services, building engagement and conducting assessment should be facilitated with as few delays or interruptions as possible.

Some individuals and families will not meet the specific criteria and do not appear to qualify for receiving further mental health services and supports within a given system. Under these circumstances, there should be a clear, responsible and accountable process as described in the sections 1.5 and 1.6 below to assure that they do receive the appropriate services and supports—after all, there was some issue or need that led them to seek help, and those needs must still be addressed...

EQUITABLE

It is vital that no stigma or discrimination is applied to clients and families. Access and quality of care do not vary because of client or family characteristics such as race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic status or legal status.

TIMELY

When needed, it is imperative that services are promptly and appropriately provided on an individualized basis in order to restore and sustain clients' and families' integration in the community.

1.4.1 Following screening, individuals/families are provided with a clear statement about whether they qualify for mental health services

1.4.2 Individuals/families who qualify for mental health services will have facilitated access to engagement supports and assessment to further understand and address their needs.

1.5 Identify Other Health and Social Service Needs

Learning that an individual/family does in fact not qualify for mental health services can be very upsetting. A person-centered approach implies sensitivity to the ways in which people have taken risks, made themselves vulnerable, and have extended trust and confidence in an effort to get help. People need to know that their distress has been understood and that efforts to help them get the services and supports they need will in fact be made.

A desire for help with some need, problem, challenge or issue is what motivates the help-seeking—and even if they don't qualify for mental health services, these individuals and families will likely have the same concerns that brought them to seek help. Explaining how and why an individual/family does not qualify can go a long way towards addressing the anger, frustration, disappointment and even hurt or rejection some people may feel.

Although an individual/family may not qualify for mental health services, they continue to have values and preferences that must be considered and respected in making referrals and facilitating access to alternative services and resources.

Linkage of Individuals to Community-Based Services

Person-centered access requires collaboration between health and human service agencies, community-based, and other resources in order to meet individuals' and families' needs at the point of contact, wherever they occur.

1.5.1	When a individual/family does not qualify for mental health services is found ineligible for services (CARF):
1.5.1.1	The individual/family is informed as to the reasons.
1.5.1.2	The referral source, with the consent of the individual/family, is informed as to the reasons.
1.5.1.3	Recommendations are made for alternative services strategies to meet identified needs consistent with identified values and preferences
1.5.1.4	Clear explanations are provided about referrals are given, and what services are provided by which agency or
1.5.1.4.a	referrals to other health and human services agencies, for appropriate health and social needs are made consistent with identified values and preferences
1.5.1.4.b	Referrals to community resources and supports are made as appropriate consistent with identified values and preferences
1.5.1.5	Referral lists are kept up-to-date, and agency contacts clearly

identified

1.6 MAKING APPROPRIATE REFERRALS

[See Section 1.5 above]

1.7 Assure Access to Needed Services Obtained

It is important to be person-centered throughout—and this should include the response and support offered to individuals/families who do not qualify for mental health services. Clients and families may require assistance to access needed alternative services. Referral should include an active effort to make sure that those connections get made and a "hand-off" is completed. This involves more than giving out names and addresses. This approach means that telephone calls are made, information is shared with permission, advocacy as necessary is provided. Making sure that people are not "lost to follow-up" is essential.

1.7.1.1	Providers ensure that contact is made with the system/agency/community resource best able to meet the needs of the individual,
1.7.1.2	Contingent plans are made so that there is no gap in transition between service systems.
1.7.1.3	Providers take active steps to assure that the individual/family succeed in accessing the identified alterative services, supports and resources

1.8 REVIEW CRITERIA

1.9 BIBLIOGRAPHY

American Association of Community Psychiatrists. Level of Care Utilization System for Psychiatric and Addiction Services, Adult version, 2000.

Bloom, J., et al. Overcoming Language Barriers to Public Mental Health Services in California. Report to the California Program on Access to Care. California Policy Research Center: University of California P, 2005.

California Department of Mental Health. Mental Health Services Act – Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan. California, 2007.

Canadian Mental Health Association (CMHA). Mental Health Promotion Toolkit: A Practical Resource for Community Initiatives. 2007.
www.cmha.ca/mh_toolkit/intro/intro_1.htm

Centers for Disease Control and Prevention. MMWR Weekly 2 Sept. 2005,
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.
*__need permission to cite.__

Jane-Llopis, E., et al. "Mental Health Promotion Works: a Review." International Journal of Health Promotion and Education (2005).

Kimerling, R. and Baumrind, N. "Access to Specialty Mental Health Services among Women in California" Psychiatric Services (2005): 56:729-734.

Mayberg, S. "Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness – A Report to the Legislature." California Department of Mental Health (2003)

National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council. Morbidity and Mortality in People with Serious Mental Illness. October 2006. www.nasmhpd.org

National Mental Health Association. Standards for Consumer-Centric Managed Mental Health and Substance Abuse Programs, Version 1.0, 1998.

Ottawa Charter for Health Promotion. First International Conference on Health Promotion. Ottawa, 21 Nov. 1986 . Co-sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization.

Sowers, W., et al.. "Best Practices: Level-of-Care Decision Making in Behavioral Health Services: The LOCUS and the CALOCUS." Psychiatric Services (2003): 54:1461-1463.

Stewart, M. et al. Patient-Centered Medicine: Transforming the Clinical Method. 2nd ed, Radcliffe, 2003.

U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, 2000.

U.S. Department of Health and Human Services. Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003.

U.S. Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health Care, Final Report. Washington, D.C.: 2001.

World Health Organization (WHO). Prevention of Mental Disorders: Effective Interventions and Policy Options, Summary Report. Geneva: World Health Organization, 2004.

World Health Organization (WHO). Promoting Mental Health: A Report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization, 2005.

World Health Organization (WHO). Strengthening Mental Health Promotion. Fact Sheet No. 220, Geneva: World Health Organization, revised November 2001.

CHAPTER 2

ENGAGEMENT IN A CONTINUOUS HEALING PARTNERSHIP

"Engagement is the initiation and ongoing establishment of a positive, healing relationship between the provider and the client/family, and is characterized by the nurturing and enhancement of trust and respect among all parties. Engagement is a crucial step towards obtaining accurate information about the client and in helping formulate an individualized and effective treatment strategy."

"Peer Support is the sharing of experiential knowledge, skills and social learning and plays an invaluable role in recovery. Clients encourage and engage their peers in recovery by providing each other with strength, a sense of hope, belonging, supportive relationships, valued roles and a sense of community. This relationship may diminish feelings of isolation and provides a client or family member with the opportunity to meet, learn from, and become the authority on themselves and their experience. Peer support may be beneficial to adult clients, family members and youth."

2.0 Overview

A behavioral health system must always strive to promote, establish and sustain healing partnerships with people in need, regardless of the individual's willingness to accept any specific services or supports. This commitment suggests a transformation and broadening of the traditional concept of "engagement," which has in the past been defined as the process of initiating a relationship for the specific purpose of establishing services.

Hope

Hope in a better future provides an essential and motivating message of recovery, that people can and do overcome the barriers and obstacles that confront them.

Individuals vary in their willingness to accept services, or may not have reached a point where symptoms have been disruptive enough to require any specific service. Nonetheless, the very effort of outreach from the behavioral health system can be healing in many ways. The process of establishing relationships can offer an opportunity to shape knowledge of educational and community resources, but, perhaps even more important, the establishment of caring human relationships in itself can go far in reducing fear and stigma. This kind of ongoing contact with people who may not want or need "services" may, in fact, reduce the likelihood that individuals in the community will develop more serious or disruptive symptoms that will require services.

CalMEND defines engagement as:

An ongoing process of welcoming, accepting, non-judgmental outreach to both clients and potential clients, regardless of willingness to accept services.

Establishing a positive healing partnership between the client and the provider is a fundamental prerequisite for effective person-centered care (Roth et al, 1996).

Client/Family Driven

Providing client/family-driven services goes beyond merely responding to clinical indicators; respecting the need for client/family choice allows an individual's recovery to be directed by the expressed values and preferences of the client and their family. Consequently, the recovery team can best engage a client when willing to modify its understanding in the light of expressed dissent and seeks out, discovers, and utilizes consensus expertise to empower and engage clients with diverse cultural and ethnic identities and linguistic preferences.

Even when a positive therapeutic alliance has been established, it is important to nurture and enhance on an ongoing basis the *trust and respect* that are at the core of this partnership. The impact of stigma, discrimination and social exclusion, overcoming social withdrawal, cognitive and information-processing problems, instances of involuntary treatment and other problems that can arise in the recovery journey are all potential challenges to a durable and successful partnership between the individual and the provider.

Sometimes multiple barriers must be overcome to initiate a successful recovery partnership. Limited access to information, linguistic gaps, and past negative experiences are but a few of the hurdles, but there are times when an individual's level of distress and urgent needs may rise above these barriers, propelling the individual toward seeking help.

Establishing a meaningful level of engagement may require active outreach and welcoming, steps to first address basic needs such as food, clothing and shelter; motivational strategies and considerable flexibility in the approach and pace of supporting each person's journey to health and well-being may also be helpful. By recognizing these basic needs, providing empathetic responses and appropriate actions, and reducing the initial distress, the provider team begins to develop a

genuine therapeutic alliance with the individual. Embracing cultural aspects in the services and support relationship can foster a sense of connectedness. Many clients appreciate strong connections with staff (Beal 2005). These connections can influence adherence to services and supports, the length of the therapeutic relationship, and recovery outcomes.

Ideally, regardless of the severity of symptoms, or the location of service delivery, the person is welcomed into the service system, by staff and peer supporters, who promote an atmosphere of understanding, hope, and optimism. The individual should experience a sense of investment in these developing relationships, and can hopefully build on this experience in order to address potential ongoing health and safety needs, as well as to provide additional relevant and timely information that can facilitate the subsequent processes of assessment and understanding. In the process of engagement, the person seeking services begins to feel a personal sense of well-being and recovery in a supportive environment.

The following recommendations are intended to support engagement and initiate steps that will promote person-centered approaches and shared decision making in assuring that individuals and families receive the services and supports they need to promote their recovery and well being.

2.1 Address Urgent Health and Safety Needs

The first point of contact for the person seeking services may be a matter of urgency, where certain basic needs must first be met before the individual can even begin to consider other issues. Food, clothing, shelter, physical health and safety, and resolving extreme social isolation are fundamental priorities that often take precedence; once these needs are addressed, the individual can move on to engaging with others, securing other needs and living successfully in the community (Tsemberis & Eisenberg, 2000).

When it is determined that an individual is in need of behavioral health services, the provider team should quickly determine the individual's urgent health and safety needs and respond with available resources and supports. This caring and response often promotes engagement simply by demonstrating an attitude of welcoming, caring, respect, receptivity, and responsiveness towards the person seeking services.

Easy Access

Providing easy access entails quality of care and choice being present from the first contact with a client. Mental Health services can be most effective when access to them is uncomplicated, straight-forward and painless. It is essential that individuals, families, providers and communities work together to facilitate access throughout the system so that a client experiences no wrong doors on his/her journey of recovery.

2.1.1 Initiation of services is designed and implemented to:

a. assure the immediate health and safety of the persons served.
b. support engagement and build a sense of trust in the service system for the persons or families served.
c. enhance the quality of life of the persons served based on their values and preferences.
d. reduce symptoms or agreed upon needs and build resilience.
e. restore and/or improve functioning.

2.1.2 When applicable, the provider assists the persons served to link with a range of resources that will help to address immediate needs and promote engagement that may include:

a. local advocacy groups
b. consumer and self-help groups
c. primary care or urgent care services
d. emergency services
e. services for alcohol and other drug issues
f. safe shelters
g. social services
h. community organizations and networks
i. other avenues of support

2.2 *Welcome and Ongoing Outreach by Peers and Other Staff*

Service and support teams work to ensure an environment where the person seeking services is welcomed and adequately informed, where respect and safety for the individual are assured, where the individual's voice is heard and responded to, and where shared decision-making is continually fostered. In this way, engagement is an investment by the client and provider to share expertise and collaborate in a trusting, productive partnership.

2.2.1 Providers take time to build a supportive and empathic relationship with individuals and their families. (NICE)[1]

2.2.2 Providers work in partnership with individuals and their families, offering help, treatment and care in an atmosphere of hope and optimism. (NICE)

2.2.3 When talking to persons served, and their families, clinicians avoid using clinical language or keep it to a minimum. Where clinical language is used, individuals and their families have access to written explanations. (NICE)

2.2.4 The program provides written material in the languages of the persons served, and interpreters are available for those who have difficulty in speaking/reading English (NICE).

2.2.5 Services are provided in a manner that is sensitive and relevant to the culture of the person served.

2.2.6 Team members, in response to the agreed upon needs of the persons served:

a. help empower each person served to actively participate with the team to promote recovery, progress, or well-being.

INTER-DEPENDENCE

Interdependence is the dynamic of being mutually dependent upon and responsible to others. It is essential that each client's preference for interdependent participation with community, family and/or individuals is respected and incorporated throughout all services.

INCLUSION

At a system level, services and supports should welcome and respect individual cultural and ethnic identities and linguistic preferences. A recovery team must impart a sense of personal value in the client and convey belief in his/her capacity to succeed.

[1] NICE refers to the National Institute of Clinical Excellence, whose clinical guideline on schizophrenia is a resource for this guide. Recommendations marked NICE are adopted/adapted from the NICE guideline. See the introduction chapter, section 0.2, for further information on resources used for this guide.

b. provide services that are consistent with the agreed upon needs of each person served through direct interaction with that person and/or with individuals identified by that person.
c. Assess, address and respect ethnic, cultural and linguistic aspects of care relative to the agreed upon needs of the persons served.
d. help to implement the individual plans of each person served.
e. meet with the persons served as often as necessary to carry out joint decision-making responsibilities.
f. document the attendance of participants, including the person(s) served, and result of team meetings.

PEER SUPPORT

Clients encourage and engage their peers in recovery by providing each other with strength, a sense of hope, belonging, supportive relationships, valued roles and a sense of community.

2.3 *Assess/Address Ongoing Health and Safety Needs*

Ongoing health and safety needs are fundamental concerns that warrant ongoing attention from the services and supports team. This serves to emphasize that engagement and assessment are not linear processes; rather, they occur in a spiral fashion, and with each cycle of timely assessment, caring outreach, and empathetic responses, the collaborative partnership continues and deepens for both clients and providers.

2.3.1 There is regular, periodic and ongoing assessment of the person's basic needs and safety concerns to include

a. housing
b. nutrition
c. medical and dental
d. other individual concerns

Socialization/ Connectedness

The formation, expansion and use of safe and healthy relationships with family, friends and community can be a critical step in decreasing isolation and lack of socialization. It is important that services empower, educate, and promote the connection of self to others, the environment and community, and to meaning and purpose. In a healthy context, even passive, social connectedness and consequent informal role modeling can significantly aid recovery.

2.4 Information and Orientation

"When clinicians take seriously what matters to patients and the patients receive information tailored to their needs, there is some improvement in care… When the patients are helped to use the information to better solve the problems that matter to them, their outcomes are improved. Together with the clinician, these "activated" patients are better able to engage in "shared decision making" and plan care."

-- Moore and Wasson, 2006

A true collaborative partnership requires that all members of the team, clients and providers, have access to shared information; this sets the stage for promoting informed choice and shared decision making. Information promotes engagement by empowering the person served and enhancing their understanding of what may happen when services are provided.

Many people come seeking help with little experience or knowledge about mental health services and are anxious and uncertain about what to expect. Orientation to the service system is essential, so that individuals become familiar with system policies, procedures and processes. This is in and of itself empowering and helps to further engagement as well as a sense of safety and trust.

Shared Decision-Making

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy.

2.4.1 Service providers provide accessible information about psychiatric disorders and its treatment to individuals and their families; this should be considered an essential part of the routine treatment and management of psychiatric disorders. (NICE)

2.4.2 The provider ensures that information and education that is relevant to the needs of the person served is provided, and as appropriate, families are (CARF):

a. encouraged to participate in educational programs offered by the organization and/or community

b. invited to participate in clinical programs when the person served gives his or her consent, or when family members have legal rights to participate.

2.4.3 Each person accepted into services receives an orientation that is appropriate to his or her needs and the type of services provided, is understandable to the person served, and includes (CARF):

a. an explanation of the:

(1) rights and responsibilities of the person served

(2) grievance and appeal procedures

(3) ways in which input is given regarding:

Empowerment

A client and his/her family of choice is empowered when their needs, wants, desires and aspirations are respected, valued and encouraged. Clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—and are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

(a) the quality of care
(b) achievement of outcomes
(c) satisfaction of the person served

b. an explanation of the organization's:
   (1) services and activities
   (2) expectations
   (3) hours of operation
   (4) access to after-hour services
   (5) code of ethics
   (6) confidentiality policy
c. an explanation of any and all financial obligations, fees, and financial arrangements for services provided by the organization.
d. identification of the person responsible for service coordination
e. a copy of program rules to the person served, that identifies the following:
   (1) any restrictions the program may place on the person served
   (2) events, behaviors, or attitudes that may lead to the loss of rights or privileges for the person served
   (3) means by which the person served may regain rights or privileges that have been restricted
f. education regarding advance directives, if appropriate
g. identification of the purpose and process of the assessment
h. a description of how the individual plan will be developed and the person's participation in it
i. information about shared decision making and the availability of decision aids and other supports to assist the individual in making treatment related decisions
j. information about choice related to family/community inclusion
k. information regarding transition criteria and procedures

2.5 *Review Criteria*

Criterion	Standard	Exception	Definition of Terms
Information Individuals and their families receive written materials about their illness and treatment from the health care professionals who care for them.	100% of individuals served	None	Local services should agree on what information is to be made available, by whom, and when. Clients and their families should report satisfaction with the accessibility and quality of information.

2.6 BIBLIOGRAPHY

Beal G. "Knowledge and Action: Developing Cultural Competence." Journal of Psychosocial Nursing and Mental Health Services 43.1 (2005).

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.
*__need permission to cite.__

Coulter, A. and Rozansky, D. "Full Engagement in Health." BMJ (2004): 329:1197-8.

Crawford, M. et al. "Systematic Review of Involving Patients in the Planning and Development of Health Care." BMJ (2002): 325: 1263-8.

Dearing, R. et al. "Indicators of Client Engagement: Influences on Alcohol Treatment Satisfaction and Outcomes." Research in Brief (November/December 2005).

Donaldson, L. "Expert Patients Usher in a New Era of Opportunity for the NHS." BMJ (2003): 326: 1279-1280.

Ellins, J and Coulter, A. How Engaged are People in their Health Care? Europe: Picker Institute, 2005.

Frigo, D. Therapeutic Alliance: Improving Treatment Outcome. Research Update. Butler Center for Research, 2006.

New York State Consumers, Survivors, Patients and Ex-Patients. "Infusing Recovery-Based Principles into Mental Health Services" White Paper. New York, 2004.

Kennedy, I. "Patients are Experts in their Own Field." BMJ (2003): 326: 1276.

McCabe, R. et al. "Engagement of Patients with Psychosis in the Consultation: Conversation Analytic Study." BMJ (2002): 325: 1148-51.

Moore, L. G. and Wasson, J. "An Introduction to Technology for Patient-Centered, Collaborative Care." Journal of Ambulatory Care Management 29.3 (2006): 195-198.

Muir, J et al. "A Program of Research with Hispanic and African American Families: Three Decades of Intervention Development and Testing Influenced by the Changing Cultural Context of Miami." Journal of Marital and Family Therapy 30.3 (2004): 285-303.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

U.S. Department of Health and Human Services. "National Consensus Statement on Mental Health Recovery." Substance Abuse and Mental Health Services Administration. Center for Mental Health Services, 2001.

Prado, G. et al. "Factors Influencing Engagement into Interventions for Adaptation to HIV in African American Women". AIDS Behav. 6.2 (2002): 141-151.

Resnick, S. et al. "An Empirical Conceptualization of the Recovery Orientation." Schizophrenia Research (2005): 75: 119-28.

Roth, A., Fonagy, P., Parry, G., et al What Works for Whom? A Critical Review of Psychotherapy Research. New York: Guilford, 1996.

Simpson, D. "Client Engagement and Duration of Treatment." Institute of Behavioral Research 7.3 (1997): 1-3.

Tsemberis, S and Eisenberg, R. "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities." Psychiatric Services 51.4 (2000): 487-493.

U.S. Department of Health and Human Services. Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003.

Westerman, T. "Engagement of Indigenous Clients in Mental Health Services: What Role do Cultural Differences Play?" Australian e-Journal for the Advancement of Mental Health 3.3 (2004).

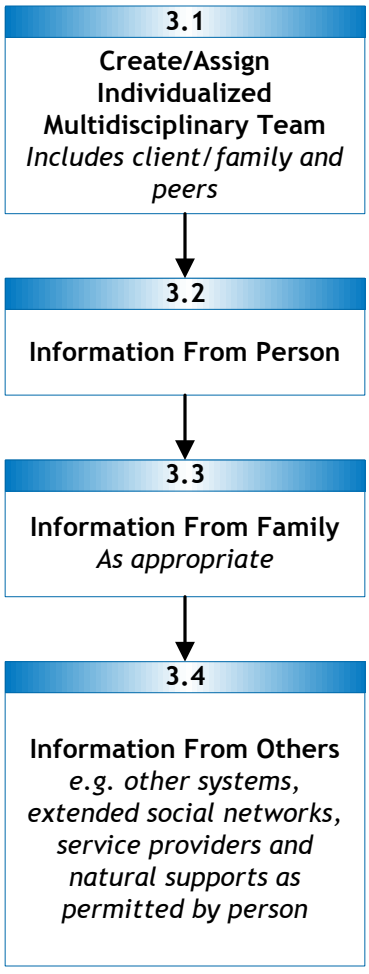
Woolf, S et al. "Promoting Informed Choice: Transforming Health Care to Dispense Knowledge for Decision Making." Ann Intern Med (2005): 143:293-300.

CHAPTER 3

INITIAL AND ONGOING ASSESSMENT

"Strengths-based is a primary, respectful approach that focuses on individual choice and preference and a person's strengths, gifts and abilities to help them gain meaningful involvement in society. Every person has strengths that need to be recognized."

"The recovery team works with the whole person, not just a "diagnosis". Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect ensure the inclusion and full participation of clients in all aspects of their lives, including communities and services."



3.0 *Overview*

"If a person is viewed solely as a constellation of symptoms and problems, the natural strengths and adaptive capacities of the person are frequently ignored. The resilience literature and the protective factors literature have provided us with sufficient information about the positive individual and environmental assets that can have a powerful ameliorating effect."

-- Coatsworth & Duncan

The assessment is the first step towards identifying and engaging the resources of mental health and related supports and services that can assist each individual's recovery journey. It is an opportunity for the individual, their family and others in their support network/community to bring forward essential information that will assist the provider toward an understanding of the individual's needs, preferences, and strengths in the journey toward recovery. Although one main objective of the assessment is the gathering of necessary data, a strengths- based and culturally competent person-centered assessment process builds on engagement and helps to further the development of a trusting, collaborative healing relationship that will continue to grow and mature over time.

STRENGTHS-BASED

Strengths-based is a primary, respectful approach that focuses on individual choice and preference and a person's strengths, gifts and abilities to help them gain meaningful involvement in society. Every person has strengths that need to be recognized.

A strengths-based approach represents a fundamental paradigm shift in the way clinicians work with clients; it focuses on a person's competencies, capacities, values and resources in contrast to the emphasis on deficits, disorders, or problems. This shift in focus also brings into view the importance of family and natural supports as essential resources in a person's life, making their inclusion a necessary component of a comprehensive assessment. In this way, a strengths-based assessment takes into account all the abilities and solutions a person has used to deal with adversities, so that they can be harnessed and strengthened in the treatment and recovery process.

ENGAGEMENT

Engagement is a crucial step towards obtaining accurate information about the client and in helping formulate and carry out an individualized and effective treatment strategy. Engagement includes recognizing and attending to relevant cultural and ethnic values, practices and linguistic preferences.

"Individuals must be perceived as resilient and having strengths before a strengths-based approach can be successfully implemented. By emphasizing strengths, the innate resilience of an individual is enabled to assist them in their attempts to overcome adversity. In the strengths paradigm all individuals, families, and groups possess abilities and inner resources that allow them to cope effectively with the challenges of living."

-- Utesch

For the assessment to be both effective and promoting of a healing partnership, providers conduct the assessment in the language of the client's preference and with an attitude of respect, responding to the client as a person with abilities and strengths, as well as challenges and needs, who is an expert on his or her own health and life decisions. This sets the stage for the individual to actively participate in the assessment, prioritize his or her needs, and identify the strengths and assets that can be used in overcoming barriers and achieving desired goals.

Assessment does not occur simply at a point in time. Rather, it is an ongoing and recurrent process of getting to know and understand the individual, their strengths, their desires, and their preferences along with their challenges/needs. That being said, some sort of an initial assessment is an important part of establishing the first version of a recovery plan and creating opportunities for success.

The benefits of natural supports at home and in the community are often key to each person's recovery. The capacity and needs of an individual's support system should also be evaluated on a periodic basis in a strengths-based and person-centered approach.

NATURAL SUPPORTS

Natural supports are personal associations and relationships that are developed in the community and enhance the quality and security of one's life. This includes family relationships, diverse friendships that reflect neighborhood and community, fellow students and/or employees, and affiliations developed in clubs, organizations or through other activities. Natural supports are critical to decreasing stigma and isolation as social inclusion increases wellness.

3.1 Create/Assign Multidisciplinary Team

There is much to suggest that a team-based approach is the most effective way to organize the services and supports for successful psychosocial rehabilitation and recovery. The consumer and their family, as appropriate and desired, are essential members of that team. There is also increasing evidence to suggest that consumer peers/recovery specialists are also critical members of the team who have a unique contribution to make in support of the consumer. Ideally, teams are created and re-formed as necessary to best support the individual and to assure that the right mix of service providers and supports are available to understand and respond to the consumer's unique individual needs and preferences and assist them as necessary in making shared decisions about their recovery (Liberman et al, 2001).

Client/Family Driven

The recovery process is most successful when self-directed by the strengths and choices of the individual, who defines his or her own life goals and designs a unique path towards those goals. Client/family driven services exist when the beliefs, opinions and preferences of every client and their chosen family are a deciding determinant in service planning and an integral component of the recovery team.

3.1.1 A comprehensive multi-domain assessment is conducted by an individualized multi-disciplinary team that is created/re-created based upon each person's needs. The team includes the person served, as well as family and peers as desired and appointed by the person.

3.1.2 The assessment is coordinated and integrated across the disciplines so that information is shared and accessible and clients are not asked the same questions by multiple providers.

3.1.3 The team continues to update the assessment on a regular and as-needed basis, so that salient changes can be incorporated in the treatment planning process.

a. The frequency of these re-assessments is based upon clinical need and discussed with the person served.
b. The agreed frequency of assessment is documented in the care plan (NICE).

3.2 Information from the Person

PERSON-CENTERED

Person-centeredness is a comprehensive approach to understanding each individual and their family's history, common needs, strengths, recovery, culture and spirituality. Using a person-centered approach means service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each whole person.

The requirements of time, the completion of forms and billing/administrative requirements have often shaped assessment in traditional practice. In contrast, person-centered, strengths-based approaches to assessment are driven by the unique needs, style, and stage of change/recovery of each individual and are tailored in response. There is a very wide range of life activities and concerns that can and should be considered in an assessment as relevant for each individual and circumstance, and this may change over time as the process of ongoing recovery and re-assessment unfolds.

It is important to note that this kind of assessment is not simply making a general list of a person's strengths during the intake process. A strengths-based approach takes into account a person's motivation for change, or desire to make a difference, and creates a framework in which strengths and abilities can contribute to making the desired changes. This is a dynamic process that unfolds over the course of recovery planning.

"Plans of care should, without exception, focus on helping a person identify strengths built during their ordeals and then provide action plans that include opportunities for them to give those strengths in settings where they will be acknowledged and valued."

-- Anderson

The core gift model, as promulgated by Bruce Anderson and Community Activators, is helpful conceptually as well as practically in understanding how to assess a person's skills, talents, and gifts, and apply these toward specific personal goals. The premise of "core gifts" is that "each person comes into this world with the capacity and desire to make a certain kind of contribution to the world around him/her." Core gift identification, as an idea and process, can be used to support the strengthening of individuals and communities. (www.communityactivators.com)

Other helpful resources include:

- CASIG (Client Assessment of Strengths, Interests, and Goals), available at State of Connecticut Department of Mental Health and Addiction Services website, www.ct.gov/dmhas/LIB/dmhas/MRO/CASIG.pdf
- Strengths Assessment Tool by Steve Morgan, www.practicebasedevidence.com
- The Center for Strength-Based Strategies www.buildmotivation.com
- Strengths-Based Assessment for children and adolescents, Center for Effective Collaboration and Practice, http://cecp.air.org

3.2.1 The assessment of needs for mental health and related services is comprehensive and addresses medical, social, addiction, psychological, occupational, economic, physical, sexual, spiritual, legal and cultural issues.

3.2.2 The time required to complete an initial assessment is flexible, timely and responsive to each individual's needs.

3.2.3 The primary assessment gathers sufficient information to develop an understanding of the individualized person-centered plan for each person served, including information as appropriate about the person's (CARF):

1. Identity

   Pertinent current and historical life situation information, including person's age, gender, employment history, family history, legal involvement, issues of culture, race, ethnicity, sexual orientation, spiritual beliefs, etc.

2. Strengths

   May include

   - Abilities, talents, competencies, and accomplishments in any range of settings from home to school and work or other settings
   - Values and traditions
   - Interests, hopes, dreams, aspirations, and motivation
   - Resources and assets, both monetary/economic, social, and interpersonal
   - Unique individual attributes (physical, psychosocial, performance capabilities, sense of humor, and so on)
   - Circumstances at home, school, work or in the community that have worked well in the past
   - Family members, relatives, friends, and other natural supports within the community

3. Health and medical status

   Physical health history, including current medical needs, efficacy of current or previously used medications, medication allergies or adverse reactions, risk-taking behaviors (e.g. intravenous drug use, sexual transmission of diseases, etc.), dental, hearing and eye care needs, diet and nutrition.

4. Psychiatric and psychological status and history

   May include identification of urgent needs, issues of personal safety, history of abuse, neglect, and/or violence (either as victim or perpetrator), co-occurring disorders, mental status exam, previous diagnostic and treatment information, medication use profile.

5. Alcohol and other drug use (present and past)
   May include alcohol, tobacco, caffeine, illegal drugs, misuse of prescribed medications

6. Treatment history
   May include past hospitalizations, outpatient encounters for both mental health and substance use disorders

7. Family life
   May include history, present status, family members with mental illness/addiction issues

8. Community participation
   May include all types of relationships, including use of natural supports, need for and availability of social supports, recreational pursuits, use of transportation

9. Housing status
   Including independent living, homelessness, incarceration, shelter living, group homes, etc.

10. Education and employment
    Including level of education attained, level of functioning, present and previous employment, vocational aptitude and aspirations

11. Legal status
    May include current legal situation, conviction history, incarceration

12. Developmental history
    Including developmental age factors, motor development and functioning, speech, visual and hearing functioning, learning ability and intellectual functioning, prenatal exposure to alcohol, tobacco or drugs, and so on.

13. Levels of functioning
    Cognitive, emotional, behavioral functioning, including living skills.

(Adapted from Adams & Grieder, 2005)

3.2.4 Information is gathered to support the completion of a DSM-IV Cultural

	Formulation
3.2.5	Cultural factors to consider in an assessment include: a. Language preference and literacy b. Cultural self-identity c. Degree of assimilation and acculturation d. Cultural experience of mental health/illness

3.3 Information from Family and/or Others

A rich and comprehensive understanding of the individual in the context of their lives, relationships and community can greatly enhance an understanding of the individual's strengths as well as needs and how best to provide service and supports. Getting information and perspective from other important people and/or organizations in the consumer's life can add significantly to the assessment. In addition, by engaging these essential allies and resources as early as possible, the process of planning for interventions later on is facilitated, as the groundwork for collaboration is already laid.

Additional/collateral sources of information may include family as well as other systems, extended social networks, service providers and natural support as permitted by person. These may include, but should not be limited to, people such as:

- Parents/guardians;
- Teachers;
- Social workers;
- Probation officers;
- Physicians;
- Friends;
- Peers.

3.3.1 The assessments include information obtained from (CARF):

a. The person served.
b. Family members/legal guardian, when applicable or permitted.
c. Other appropriate and permitted collateral sources.

Family Friendly Care

Family-friendly care starts with the identification of a client's family of choice (i.e. parents, grandparents, aunts, uncles, siblings, best friends, ministers, caregivers, next door neighbors, etc.) and is supported by ongoing attempts to engage and encourage healthy education, support and involvement in the recovery journey. For adults, the scope of shared personal information is client-directed to maintain an effective, healing partnership.

3.4 *Clinical Record Review Criteria*

Criterion	Standard	Exception	Definition of Terms
Individuals have a comprehensive assessment	100% of individuals receive an assessment not less than once a year	none	

3.5 BIBLIOGRAPHY

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Elsevier Academic Press, 2005.

Anderson, B. Problems in Paradise: The Strength-Based Movement is Stuck, and You Can Help Get it Moving Again. Community Activators, www.communityactivators.com

Coatsworth, D. and Duncan, L. Fostering Resilience: A Strengths-Based Approach to Mental Health. Publication Series, Pennsylvania CASSP Training and Technical Assistance Institute, 2003. http://pacassp.psych.psu.edu

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual. ****need permission to cite.***

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, DSM-IV-TR, Appendix I: Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes. American Psychiatric Publishing, Inc., July 2000.

Liberman, R., et al. "Requirements for Multidisciplinary Teamwork in Psychiatric Rehabilitation." Psychiatric Services 52.10 (2001): 1331-1342.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

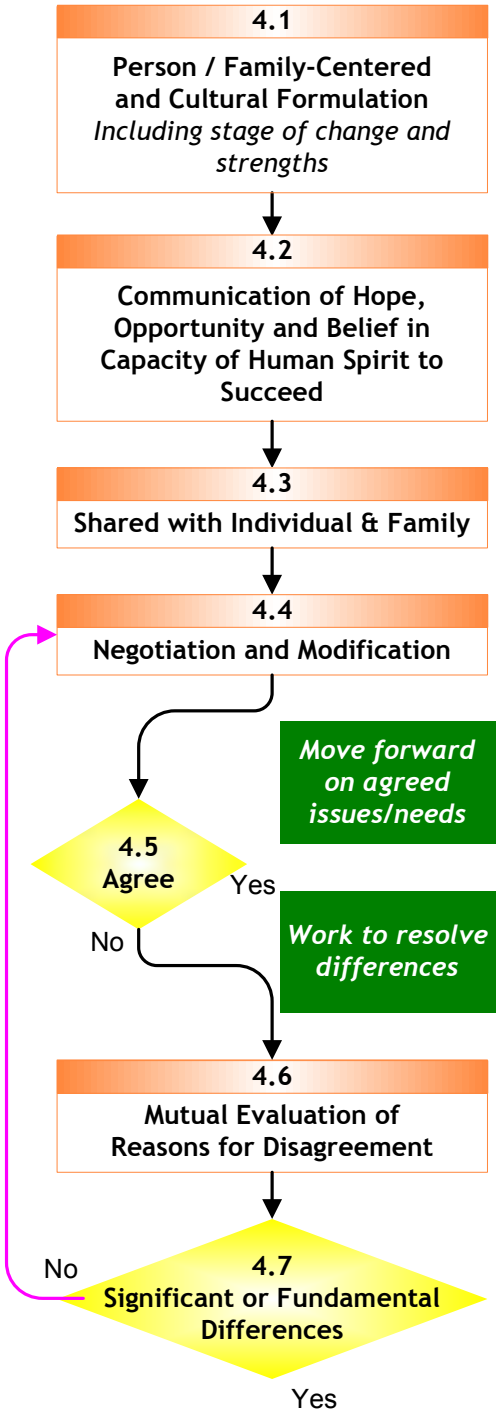
Utesch, W. From a Glass Half Empty to a Glass Half Full: A Review of the Transition from Deficit to Strength-Based Approaches. Foellinger Foundation www.foellinger.org/GrantPacket/Strength-Based%20Practices%20-%Utesch_srg.pdf

CHAPTER 4

UNDERSTANDING

"A holistic approach refers to the interconnectedness of an individual's whole being, including mind, body, spirit, family, friends, and community. Accordingly, recovery may involve all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation and family supports as determined by the person."

"At a system level, services and supports should welcome and respect individual cultural and ethnic identities and linguistic preferences. A recovery team must impart a sense of personal value in the client and convey belief in his/her capacity to succeed."



4.0 Overview

The assessment process described in Chapter 3 is intended to gather together information about the service user from a number of sources and perspectives. This data has one primary purpose: to support the treatment team—i.e., providers and service users in partnership—in reaching a shared understanding of the individual's hopes, dreams and goals as well as the ways in which help is needed to overcome the challenges and barriers that lie in the way.

RECOVERY ENVIRONMENT

The client, family and recovery team listen and communicate thoughts and ideas in an atmosphere where all can speak and be heard successfully.

A mutual and shared agreement about this understanding is absolutely central to the entire person-centered process that supports and promotes shared decision-making. The integrative formulation is shared with the person served, and, if appropriate, their identified family, in a way that not only communicates compassionate strengths-based understanding and insight but also invites the individual and family into further collaborative discussion. This understanding is critical to success in developing a recovery plan that is relevant, meaningful and ultimately effective; it is metaphorically the key that unlocks the gate and serves to create opportunities for recovery success.

SHARED DECISION-MAKING

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy.

Providers have a significant value-added contribution to make in helping to develop this understanding in a concise written integrative formulation. Sometimes also referred to as an interpretive or narrative summary, this understanding helps the entire team move from simple facts and data to insights and perspectives that help to establish the direction and focus of the recovery plan that is to follow. Providers contribute their personal and clinical expertise in order to organize and weave together the assessment data into a cohesive, comprehensive understanding of the individual. This written narrative reflects an understanding of the issues from the individual's perspective, identifies needs along with strengths and resources, some consideration of stage of change or recovery, and also provides a hypothesis about the barriers to attaining recovery goals.

It is essential that this understanding is culturally competent, and the DSM-IV-TR, Appendix I, provides an outline for a *cultural formulation* that helps to understand the cultural context of the individual and their experience of mental heath problems as well as how cultural factors are likely to influence help seeking and recovery.

4.1 Person/Family-Centered and Cultural Formulation

The integrated formulation should be a relatively short (one to several paragraphs as appropriate) *written* document that is included in the clinical record and is reviewed and updated as new information comes forward in the ongoing process of data gathering and assessment.

4.1.1 Following completion of an initial assessment, a designated member of the team prepares a written integrative formulation that:

a. Integrates and interprets all the history and assessment information from a broader perspective
b. Is used in the development of the individual plans
c. Identifies any co-occurring disabilities and/or disorders and how they will be addressed in the development of the individual plan (CARF)

4.1.2 The integrative formulation includes a cultural formulation consistent with DSM-IV-TR for all individuals.

a. the cultural formulation includes a DSM-IV-TR diagnosis and any understanding or modification of that based upon an understanding of the individual's culture, community and context

4.1.3 The integrative formulation may address (CARF):

a. the central themes apparent in the individual's presentation and request for help
b. the potential inter-relationships between the findings of the assessment
c. the perception of the individual of his or her needs, strengths, limitations and problems
d. some consideration of the individual's stage of change/recovery
e. the individual's priorities and preferences
f. insights about both positive and negative factors likely to affect the person's recovery plan/journey
g. recommended services/interventions/supports including any special assessments or tests as well as routine procedures (e.g. laboratory tests)
h. a general discussion of the anticipated level of services and supports, length and intensity of services and expected focus (goals) with recommendations, priorities and possible barriers

Dignity and respect

Dignity and respect ensure that the recovery team engages the whole person, and is not just treating a "diagnosis". Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect provide inclusion and the full participation of clients in all aspects of their lives, including welcoming communities and services.

Holistic

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community. Accordingly, recovery may involve all aspects of life, including but not limited to housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation and family supports as determined by the person.

Given the incidence of co-occurring disabilities and / or disorders, effectively addressing co-occurring disorder is critical to successful recovery. When the assessment identifies co-occurring needs, they are considered in the formulation.

4.1.4 In addition to mental health issues, other related needs / barriers / challenges including addictions, developmental disabilities, and medical conditions are identified

a. the inter-relationships between the individual's mental health and other related needs are made clear

b. strategies for integrated treatment that is responsive to the interactions are considered.

4.2 Communication of Hope, Opportunity and Belief in Capacity of Human Spirit to Succeed

A focus on recovery is fostered and maintained throughout the process of engagement, assessment, and formulation, so that the person seeking services gains a sense of hope and trust in entering a healing partnership.

4.2.1 The treatment team is a partnership that includes persons served, and their families, that promotes understanding in an atmosphere of hope, optimism and mutuality. (NICE)

4.2.2 Consumers and families are given available evidence of the capacity for success. This may include such things as stories of recovery, peer support, and scientific evidence.

HOPE

Hope is a state of mind that leads to a sense of strength, competence, and positive gain. Hope in a better future provides an essential and motivating message of recovery, that people can and do overcome the barriers and obstacles that confront them.

SELF-HELP

Self-help occurs when a client uses his/her time in a wise, productive manner using capabilities and desires found within, such as assertiveness or advocacy. The use of these strengths demonstrates that he/she is capable of succeeding and is crucial to finding quality of life and a meaningful niche.

4.3 Shared with Individual and Family

The understanding developed by the team is shared and mutual in order for the client and provider to work effectively towards the same goals. The integrative formulation is presented to the consumer and his/her identified family/support with ample time for questions and discussions.

4.3.1 The provider shares his or her interpretation in an emotionally safe and supportive context of caring and understanding, communicating hope and belief in the capacity of the human spirit to succeed throughout.

4.3.2 The individual has an opportunity to review the integrative formulation, to share in the understanding of this process, to provide feedback, and modifications as necessary. The individual's identified family or support person(s) participates in this process, when the individual has provided consent to include them.

4.3.3 The individual feels respected, listened to, and empowered to participate in a collaborative endeavor in which he or she provides a unique expertise based on personal experience.

4.3.4 Identified family members are invited, welcomed, and encouraged to participate in the understanding process. They are supported in a collaborative effort to encourage persons served in their recovery process, and to facilitate that process.

Recovery Environment

A recovery environment is inviting, comfortable and safe, communicates hope, opportunity and wellness and provides non-threatening challenges and opportunities. The client, family and recovery team listen and communicate thoughts and ideas in an atmosphere where all can speak and be heard successfully. Such an environment allows a client and his/her family to develop trust in their supports and fosters confidence that his/her goals are worthy and attainable.

Goal-Oriented

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

4.4 Negotiation and Modification

Sharing the written understanding also requires empathetic listening, so that the individual's experience of illness and recovery is accounted for and acknowledged. The written understanding is dynamic and subject to revision as new information and insights become available. It is important to recognize that providers and clients may have different viewpoints; however, to work together productively, clients and providers must come to a mutual agreement on goals, needs to be addressed, barriers, priorities and possible strategies. Without this, development of a meaningful and effective plan will be difficult if not impossible.

Within mental health services, clients commonly report feeling that their account of their experience is not given much credence, and they are rarely given the opportunity to offer a contribution to the understanding of their illness as well as recovery goals. This may hinder the development of a good working alliance.

EMPOWERMENT

It is imperative that clients have the authority to participate in all of the decisions that affect their lives.

4.4.1 Consideration is given, where practicable, to encouraging persons served to share in writing or other ways their own account of their illness and to include it in their record/chart. (NICE)

4.5 Move Forward on Agreed Issues/Needs and/or Work to Resolve Differences

It is inconceivable that decisions between consumers and providers can truly be shared if there are unresolved disagreements. A lack of shared understanding about the consumer, his/her circumstances, preferences, priorities and needs is an immediate barrier to providers helping to advance and support the individual's recovery vision. Efforts at conflict resolution should work to help find a common ground of agreement that can support the development of a person-centered recovery plan.

Choice

A client is not simply a subject who complies with directives from his/her provider, but rather, clients (and their identified family) and providers are partners in the healing process.

Under the aegis of CalMEND, a group of consumers met in May 2008 to develop a consensus set of strategies that could be employed to resolve conflicts and disagreements in order to promote shared understanding and decision making. Strategies that work to help establish common ground include:

1. *Understanding of consumers' perspectives, priorities and preferences should be based on a balanced holistic approach. It should not over-emphasize biological factors or issues related to pharmacotherapy—these can become a source of conflict that threaten engagement.*

   Providers should consider and understand the whole person, including that individual's social networks, general health issues, supporters and support systems and needs and desires that offer a life of meaning and purpose.

2. *Active listening and hearing can promote engagement and enhance understanding.*

   A trusting relationship with the provider helps to support and promote shared understanding and reduce conflicts. Feeling listened to and heard is an essential part of building that trust. The person seeing services is an expert about their own life and their opinions and perspectives need to be reflected in a shared understanding.

3. *Decision supports/aids and other informational resource can help to promote shared understanding.*

   Providing information that helps consumers to understand the basis of providers' perspectives, insights, understanding and recommendations can help to promote a healing partnership.

4. *Providers should make every effort to "meet clients where they are" and not make generalized assumptions about individuals or use "cookie cutter" approaches.*

   If a conflict arises, the provider/team must ensure that consumer perspectives are respected. This should include efforts to share power and authority rather than trying to control or redirect the consumer.

5. THE CONSUMER SHOULD BE ACTIVELY ENGAGED AND INCLUDED AS A CRITICAL MEMBER OF THE TEAM.

A sense of partnership, transparency, excellent communication, access to information, and efforts to ensure that those seeking services have the ability to speak in their own voice are all ways to promote shared understanding.

6. PEER PROVIDERS CAN BE HELPFUL IN PROMOTING UNDERSTANDING--BUT THEY SHOULD NOT BE OVERUSED OR BE A SUBSTITUTE FOR FULL ENGAGEMENT OF THE TEAM.

Peer input and support should never be an afterthought or an add-on, and their involvement does not relieve other members of the team from contributing to resolving conflict and promoting understanding.

7. HUMAN, EMPATHIC, AND CARING RESPONSES TO PEOPLE'S DISTRESS CAN PROMOTE TRUST, ENGAGEMENT AND UNDERSTANDING.

There are times when something as simple as offering someone a cup of coffee or a comforting touch is a way to foster a trusting relationship and engagement that can help to support mutual understanding.

8. SHARED UNDERSTANDING SHOULD BE ACHIEVED IN GOOD FAITH AND WITH OPEN DIALOG RATHER THAN BY ANY MANNER OR SUGGESTION OF MANIPULATION, THREAT OR COERCION.

Pressuring someone into agreement is not truly shared understanding. There must be a willingness to tolerate and respect differences if real mutual understanding is to be achieved.

9. RESPECT FOR DIFFERENCES IN CULTURE, ETHNICITY, GENDER, SEXUAL ORIENTATION, AND SPIRITUAL BELIEFS ARE KEY TO SHARED UNDERSTANDING.

It is essential that providers are aware of and sensitive to differences of culture, ethnicity, gender, sexual orientation, and spiritual beliefs, and that they are comfortable in working with individuals of different backgrounds.

10. ATTENDING TO EACH PHASE OF THE CALMEND PROCESS—ESPECIALLY THE IMPORTANCE OF SHARED UNDERSTANDING—HELPS TO ASSURE THAT THE DEVELOPMENT OF PERSONAL AND SERVICE SYSTEM RECOVERY PLANS TRULY REFLECT THE INDIVIDUAL'S AND FAMILY'S HOPES AND DREAMS.

CalMEND is intended to be a well conceived and developed process to assure that the individual is at the center of treatment. Services provided consistent with CalMEND values and processes should work to promote shared understanding and decision making.

This Guide and Process Map make clear the importance of including users of mental health services in **all** aspects of service development. The use of conflict resolution strategies is critical when offering any kind of services in a shared decision-making environment. Examining where the person is "currently at"–as well as gender, ethnicity, sexual preference, race, creed, and any other defining characteristic—must also be taken into account at the onset of the relationship. Valuing equality in relationships that embrace inclusion, respect, effective listening, and common ground are also critical.

4.5.1 Agreement on even a partial understanding of the individual's needs, challenges, barriers, preferences, priorities and choices should be followed by efforts at goal setting and further development of a personal recovery/service plan.

4.5.2 Lack of agreement on an integrated understanding should be followed by an effort to evaluate and understand the reasons for disagreement.

4.6 Mutual Evaluation of Reasons for Disagreement

If agreement cannot be reached, then the basis for disagreement should be examined. What is the level of disagreement? Why are there different understandings and perspectives that cannot be reconciled?

The goal here is not for the provider to proclaim a clinical diagnosis or explanation, but for both provider and client to contribute to a shared understanding of what needs to be addressed, in order to move to some degree of shared understanding and on to tasks of goal setting and personal/service planning.

4.6.1 Reasons for a lack of mutual shared understanding are identified and examined by all members of the team in an atmosphere of mutual respect and with a focus on strategies for resolving differences and moving forward

Client/Family Driven

The recovery process is most successful when self-directed by the strengths and choices of the individual, who defines his or her own life goals and designs a unique path towards those goals. Client/family driven services exist when the beliefs, opinions and preferences of every client and their chosen family are a deciding determinant in service planning and an integral component of the recovery team.

4.7 Significant or Fundamental Differences

Agreement is essential to move on to planning so the determination of the level or significance of the disagreement will direct next steps or fundamental differences still exist, and client and provider are not moving forward, then the issue of engagement must be revisited. Are there other health and safety needs that have not been addressed? Can the service team engage the client with further welcome and outreach activities? Does the client need more information and orientation in order to gain a sufficient sense of safety and trust? Does the formulation need to be revisited or revised?

EQUITABLE

It is vital that no stigma or discrimination is applied to clients and families.

4.7.1 Differences in the integrated understanding *that are readily addressed within the context of a healing partnership* are resolved through negotiation and modification.

4.7.2 Differences in the integrated understanding that suggest a lack of trust/engagement and/or a lack of adequate and accurate assessment data should lead to additional efforts at engagement in a continuous healing partnership and/or further assessment

CLIENT/FAMILY DRIVEN

Providing client/family-driven services goes beyond merely responding to clinical indicators. Providers respect the need for client/family choice and allow their work to be directed by the expressed values and preferences of the client and their family. The recovery team must be willing to modify its understanding in the light of expressed dissent and further must seek out, discover, and utilize consensus expertise to empower and engage clients with diverse cultural and ethnic identities and linguistic preferences.

4.8 Review Criteria

4.9 BIBLIOGRAPHY

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Elsevier Academic Press, 2005.

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, DSM-IV-TR, Appendix I: Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes. American Psychiatric Publishing, Inc., July 2000.

Lewis-Fernandez, R. and Diaz, Naelys. "The Cultural Formulation: a Method for Assessing Cultural Factors Affecting the Clinical Encounter." Psychiatric Quarterly, 73.4 (2002).

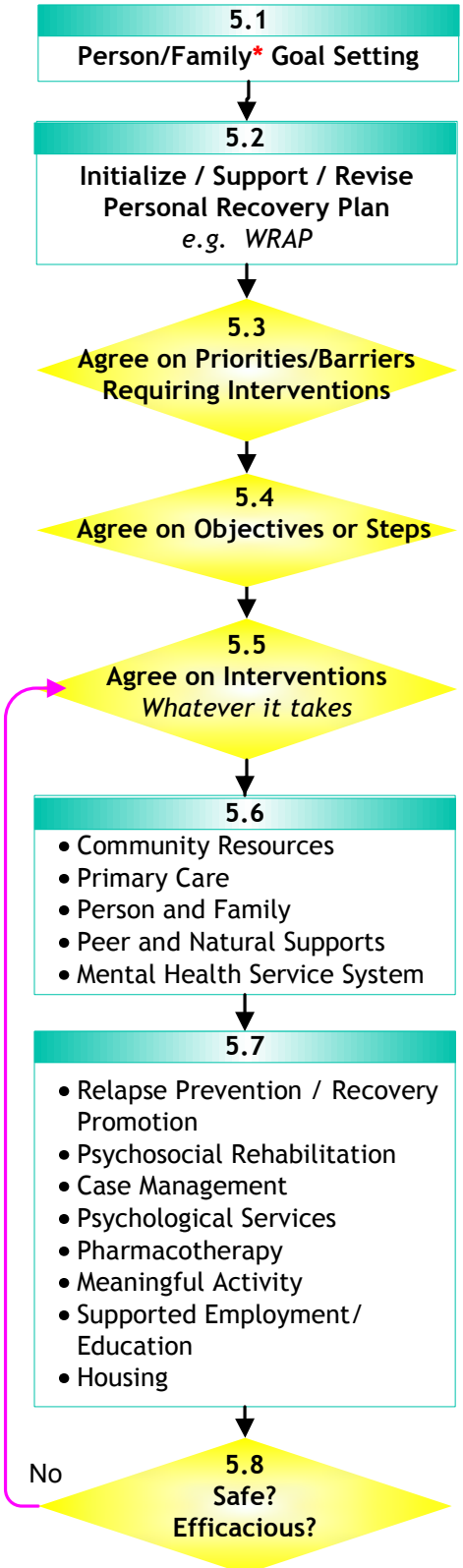
National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

CHAPTER 5

PERSONAL AND SERVICE SYSTEM PLANNING

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the client to move on to fully engage in the work of recovery.

Shared decision-making and person-centered approaches may require serious consideration, discussion, and openness to alternative choices, including cultural traditions, non-medical services and other client preferences or interests.



5.0 Overview

Plans and planning are central to supporting each person in their recovery journey. Plans must be strengths-based, consumer-directed and person-centered, and services/supports must be consumer-driven; consumers stand at the center of the service delivery process and work collaboratively with providers in making shared decisions about how best to support each person's recovery journey.

CalMEND recognizes the potential benefit of two types of plans: personal recovery plans such as Copeland's Wellness and Recovery Action Plan (WRAP)[1], and the service delivery plans commonly required of providers by payers, accreditation bodies and licensing authorities as part of the clinical record and a system of accountability. As much as possible, these two planning tools and processes should be integrated, each taking into account the other. While a personal recovery plan is a highly recommended option, a service system plan is an administratively required necessity that also has value to the services and support team. This chapter will focus largely on the development of a service system plan, which will be referred to as the *services and supports plan*.

It is important to recognize that actual participation in the planning process may vary by individual and may vary over time. The desire and ability to participate is dynamic and not static and should be reassessed on an ongoing basis. Factors such as personal style, culture, stage of change/recovery, level of symptoms, socioeconomic class, educational level/literacy, and understanding of the process are all factors amongst others that can influence participation. However, all persons served should be encouraged and supported to participate at their individual comfort level regardless of whether they are seeking help on a voluntary or mandated basis. Given the historical inequalities in the relations of consumers/families and providers, the system has an obligation to do everything possible to overcome hesitancy for consumer /family involvement. In addition, a person's ability and preference for participation may change over time and should be periodically re-assessed.

The full value of a comprehensive, person-centered assessment, and a cohesive cultural formulation and integrated strengths-based understanding becomes clear when the planning phase begins.

Person-Centered

Person-centeredness is a comprehensive approach to understanding each individual and their family's history, common needs, strengths, recovery, culture and spirituality. Using a person-centered approach means service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each whole person.

Meaningful Niche/Fulfilling Life

The realization of an individual's strengths can bring meaning to and fulfillment of one's life by creating renewed hope, purpose, and the opportunity to search for his/her dreams, discover who he/she is and what makes him/her happy. Finding a meaningful niche is the path to discovering one's self, strengths and direction. For many, leading a fulfilling life includes finding vocational or occupational interests/commitments, whether it is volunteer, transitional or paid. By making choices and empowering themselves, clients are able to find fulfillment and increased self-esteem.

[1] Those wishing further details and assistance regarding the development of WRAP plans are referred to www.mentalhealthrecovery.com and each county's Network of Care website.

There are three essential ingredients for success in moving forward:

- sufficient collaboration and trust have been established so that the individual and family are able to articulate their personal goals;
- the services and support team has gathered enough information about the individual/family, about their strengths and needs, such that a shared understanding has been established;
- the team is ready to clarify barriers and lay out possible solutions toward the attainment of those goals.

ENGAGEMENT

Engagement and trust-building may take considerable time and consistent effort from providers as it is important to move at a pace that is comfortable to clients and families

A formal plan includes multiple elements, but the key components include the long-term goals, the more short-term objectives, and a description of the services and supports (sometimes referred to as interventions or actions) to help the individual achieve the objectives. Decisions about each of these elements should always be shared and collaborative. (See Section 0.3 in the Introduction Chapter for a further discussion of shared decision-making).

The following sections of the CalMEND guide lay out specific approaches to the planning process that supports a person-centered approach to planning and shared decision-making. Shared decision-making does not imply instant agreement on all the steps and actions—dialog and negotiation are often necessary and critical to success. ***The written plan is merely documentation of the joint and shared decisions of all members of the team—both the person served and the providers.***

5.1 Setting Goals

The setting of goals is the crucial first step in the development of the personal recovery plan. Goals lie at the heart of the recovery process and are therefore central to any planning efforts. Goals are about important life changes and the attainment of a recovery vision – they should not be focused on merely alleviating symptoms or distress.

Goal-Oriented

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

The ability for each person to articulate their individual recovery goals upon which to build a plan may vary based upon a number of factors including the extent to which the individual is overwhelmed by the symptoms of a mental illness and/or their stage or phase in the recovery process. For individuals who are not yet fully aware of their recovery potential or motivated to engage in the recovery journey, some assistance with setting appropriate goals may be needed. Almost by definition, individuals who are in a pre-contemplative or even contemplative phase will likely find it difficuolt to set goals and may benefit from a supportive mix of time, patience, encouragement and compassion to help them set goals. Consumer peers as team members and sources of support through consumer-operated services/programs may be able to make a unique contribution in helping individuals to articulate their dreams and set personal recovery goals. There may be times when the most appropriate goal is to help individuals to be ready/able to articulate their own recovery goal/vision.

Holistic

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community.

Having only one global and encompassing goal is often sufficient for organizing a plan -- and having too many goals can undermine the plan's effectiveness—but every plan must have at least one goal. A simple goal statement should capture and reflect the individual's hopes and dreams, their vision of recovery and a meaningful life in the community. Commonly expressed recovery goals include such things as "I want to work", "I want to live in my own place", or "I want to have a family". As such, goals are relatively stable elements of a plan that are relevant across a wide range of settings—a person's goals do not necessarily change by virtue of their residence or placement—be it in the community, hospital or even jail.

Goals are not a point of shared decision making: goals are the hopes, dreams and aspirations of the individual. But agreement amongst all members of the team about strengths, barriers, priorities, objectives, and services and supports, should be based upon mutual understanding and a shared decisional process.

5.1.1 Well crafted goals that help to organize a well developed recovery plan are (CARF):

a. expressed in the words of the person served.

b. reflective of the informed choice of the person served or parent/guardian.

c. appropriate to the person's culture.
d. appropriate to the person's age.
e. based upon the person's
   - strengths
   - needs
   - abilities
   - preferences

NON-LINEAR

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This new found awareness enables the client to move on to fully engage in the work of recovery.

5.2 Initialize and/or Support Personal Recovery Plan

In moving from a shared understanding of the person's strengths, needs and challenges to setting goals, the individual and provider lay the foundation for the remainder of the personal and service system planning process. With this in place, the team is ready to move on to establish objectives or short-term intermediate goals and identify the specifics of each individual's personal recovery plan.

Providers can contribute to the client/family's development of the plan by:

- using clinical knowledge and problem-solving skills to help identify barriers to the achievement of goals as well as strengths to draw upon;
- helping the individual and family learn how to mobilize strengths and resources;
- assisting the individual and family in specifying objectives or solutions to those barriers; and
- identifying services, supports and other personal/community resources to assist the individual/family in attaining their goals.

5.2.1 The individual plan is developed with the active participation of the person served. (CARF)

a. the person served is encouraged to include selected friends, peers/advocates and family members (including family of origin or family of choice) in the planning process

5.2.2 The plan promotes and supports active participation and inclusion of the person served, their family and supports

a. natural supports may include extended family, friends, volunteer organizations, self-help or support groups, churches or other religious/spiritual supports.

5.2.3 The individual plan varies in size and complexity based on the needs of the individual, stage of recovery and the level of care.

Empowerment

A client and his/her family of choice is empowered when their needs, wants, desires and aspirations are respected, valued and encouraged. It is imperative that clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—as they are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

Self-Management and Self-Responsibility

Clients have a personal responsibility for their own self-care and recovery process. Taking steps towards achievement of their goals may require great courage as clients strive to understand and give meaning to their experiences, learn coping strategies and identify healing processes that promote their own wellness.

Peer Support

Peer Support is the sharing of experiential knowledge, skills and social learning and plays an invaluable role in recovery

5.2.4 The individual plan (CARF):

a. is prepared using the information from the primary assessment and integrative formulation, including the cultural formulation.

b. is based on the needs and desires of the persons served and focuses on his or her integration and inclusion into:
   - the local community
   - the family, when appropriate
   - natural support systems
   - other needed services

c. involves the family/legal guardian of the person served, when applicable or permitted

d. identifies any needs beyond the scope of the program

e. specifies the services to be provided by the program

f. specifies referrals for additional services

g. is communicated to the person served in a manner that is understandable

h. when possible, is provided in writing to the person served

NATURAL SUPPORTS

Natural supports are personal associations and relationships that are developed in the community and enhance the quality and security of one's life. This includes family relationships, diverse friendships that reflect neighborhood and community, fellow students and/or employees, and affiliations developed in clubs, organizations or through other activities.

5.2.5 The individual plan includes:

a. the critical global needs of the person served

b. development of clinical objectives that are measurable and time specific consistent with the outcomes expected by the team, which includes the person served

c. a crisis plan and/or advanced directives, when applicable

INTER-DEPENDENCE

It is essential that each client's preference for interdependent participation with community, family and/or individuals is respected and incorporated throughout all services.

5.2.6 When the person served has co-occurring disabilities and/or disorders (CARF):

a. the individual plan specifically addresses those issues in an integrated manner

b. services are provided by personnel, either within the organization or by referral, who are qualified to provide services for persons with co-occurring disabilities and/or disorders

c. utilization of self-help groups in the community is encouraged and supported.

5.2.7 In addition to behavioral health issues, such as addiction or mental illness, and intellectual or other developmental disabilities, co-occurring disabilities and disorders include all chronic medical conditions for which the organization will provide or ensure monitoring / treatment.

5.3 Agree on Priorities/Barriers Requiring Interventions

Building on the individual's strengths and existing resources is a sound strategy for success. Creating a plan that responds to the individual's priorities and works to remove barriers to attaining the goal(s) is essential for true shared decision-making and requires a shared understanding before proceeding; without a shared understanding, there really cannot be shared decision-making.

5.3.1 Agreement on an understanding of the individual's needs, challenges, barriers, preferences, and priorities is necessary for development of a personal recovery/service plan.

Choice

A client is not simply a subject who complies with directives from his/her provider, but rather, clients (and their identified family) and providers are partners in the healing process.

Harmony

Harmony can be described as a state of spiritual, physical, communal andemotional balance for the individual, his/her family and community. This state of being can foster health, wellbeing, purpose and recovery. Although harmony is something developed by an individual, services and supports can promote or hinder the process.

5.4 Agree on Objectives or Steps

Objectives describe the near term or intermediate—often within ninety days or less—accomplishments of the individual receiving supports and services as they work to promote their recovery and resolve the barriers and challenges to their success in realizing their goals. Objectives are culturally sensitive, appropriate to the stage of change or recovery, build on the individual's strengths, specify active, observable changes, and serve to help the individual move closer to desired goals.

Objectives and interventions are often confused. Objectives are the measurable behavioral changes in the individual's skills and abilities that should come about as a result or benefit of the interventions, which are the services and supports provided to the individual.

Specific criteria for crafting and recording an objective are described below.

Self-Determination

Self determination is the faculty of an individual's will and persistence to strive towards a chosen goal and accomplish it. In the recovery model, the trait of self-determination is crucial in overcoming obstacles and setbacks. No matter what the obstacles are, the recovery process allows the client to recognize that even small steps are a realistic accomplishment towards goals, and that set-backs can be an opportunity to learn and grow. A client needs to believe that anything he/she can do to succeed is an accomplishment.

5.4.1 Objectives help to build skills and abilities for the individual and promote empowerment and self-direction.

5.4.2 The plan includes at least one specific objective. Each objective addresses one or more of the following (CARF):

a. supports attaining and/or expanding the individuals' recovery goals:
   - promotes community integration
   - promotes self/family/community reliance

b. builds on the individuals strengths

c. responds to the individual's priorities, preferences, and spiritual needs.

d. helps to remove/resolve barriers/challenges

e. reflects the expectations of
   - the person served
   - the other members of the treatment team

f. reflects the person's age

g. reflects the person's development

h. reflects the person's culture and ethnicity

i. responds to the person's disabilities/disorders or concerns

j. describes a meaningful achievable change in skills, abilities, status, function and/or behavior

k. is understandable to the person served

l. specifies how the desired change will be measured or determined

m. includes a time frame for the described change

n. is appropriate to the service/treatment setting or level of care.

5.5 Agree on Interventions

The next step in the logic of building of a plan involves identification and selection of the service options most likely to help the individual to succeed in attaining the agreed upon objectives and goals. There are a wide range of services, supports and activities that can help the individual, including relapse prevention and recovery promotion, psychosocial rehabilitation, case management, psychological services, pharmacotherapy and other biomedical treatments, activities of personal meaning to the individual, peer and other social support, supported employment and education, spiritual development/expression, and housing, to name but a few. The resources or providers of these services and activities are also varied, ranging from the community at large, to primary care providers, peers, and the mental health service system, and also include the individual's and family's efforts and contributions.

Choosing from such a range of supports and services can be difficult and may be influenced by cultural factors as well as individual preference, past experience, and/or stage of change. Shared decision-making provides the framework from which collaboration between the client and provider can result in an informed choice amongst a range of service/support options.

One strategy to promote shared decision-making is the use of decision aids, i.e. "information [about] interventions that help clients to understand the pros and cons of a medical decision and may also include exercises to help the client clarify their own value and preferences." (Adams & Drake, 2006). For providers, information to aid in decision-making is currently available as algorithms and treatment guidelines along with other resources. An approach to promoting shared decision-making and mutual understanding is to make current evidence-based practice guidelines easily accessible to clients and families through decision aids.

Shared decision-making occurs in the context of mutual understanding and respect that has been initiated in the process of engagement and assessment and is sustained by ongoing attention to these essential qualities of an effective healing partnership.

Shared Decision-Making

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy. This process is used to make decisions regarding care options and recovery goals.

Self-Help

Self-help occurs when a client uses his/her time in a wise, productive manner using capabilities and desires found within, such as assertiveness or advocacy. The use of these strengths demonstrates that he/she is capable of succeeding and is crucial to finding quality of life and a meaningful niche.

5.5.1 Decisional aids tools and supports are available to all members of the team to assist them in the selection of appropriate interventions and the creation of a recovery plan.

5.5.2 Decision aids provide a bridge between scientific evidence and the personal values, quality of life considerations as well as the cultural and spiritual preferences of the consumer

(Deegan, 2006 presentation)

5.5.3 Shared decisions require:

a. Activation of provider and client (both parties are involved and willing to participate in the process of shared decision-making)
b. Mutual understanding
c. Agreement about the problem or need
d. Agreement on what, if any, services and supports are likely to be helpful and will be provided
e. Agreement on how to evaluate the effectiveness of chosen services and supports
f. Access to relevant evidence
g. Access to decision support

(Adapted from Deegan, 2006 presentation)

5.6 Interventions: Providers and Supporters

A wide range of potential providers of services and supports should be considered, and the selection of providers/resources is closely linked with the actual activity (see 5.7 below). This is an area where client preference and choice is often expressed both in considering the range and types of providers that are acceptable to the consumer—and these preferences are often influenced by cultural factors as well as other consideration.

5.6.1 The team is aware of a full range of resources within the community that are potentially available to the consumer.

5.6.2 Consumer preferences and choices for the type of service providers and supports are solicited, respected and honored.

SELF-HELP

Self-help may refer to productive use of peer support. Through the recovery process, an individual may become a role model for other clients, sharing his/her experience, knowledge of recovery, and tools/strategies for coping.

FAMILY FRIENDLY CARE

Family-friendly care starts with the identification of a client's family of choice (i.e. parents, grandparents, aunts, uncles, siblings, best friends, ministers, caregivers, next door neighbors, etc.) and is supported by ongoing attempts to engage and encourage healthy education, support and involvement in the recovery journey. For adults, the scope of shared personal information is client-directed to maintain an effective, healing partnership.

5.7 Interventions: Services and Supports

The written descriptions of services and supports—especially those for billable services where documentation of medical necessity is required--should include specific elements as detailed below. Services and supports include those activities, efforts, inputs and specific treatment resources that are intended to directly support attainment of the objective.

Once the intervention options are chosen, it is important to specify who is responsible for providing the service or supporting the activity. Explicit documentation allows every member of the team to maintain clear communication and ensure completion and implementation of the plan.

5.7.1 Descriptions of services and supports include:

a. the specific services (treatment interventions) and supports that are to be engaged

b. identification of the individual/organization responsible for the activity

c. the frequency, intensity, and duration of the specific services and supports

d. the intended purpose or impact of the intervention as related specifically to the objective

e. when applicable, information on, or conditions for:

- transition to other community services
- community-based service options that are available for persons in long-term residential support programs

5.7.2 Culturally specific services and supports are included as appropriate and in accord with the individual's preferences and choice

Community Partnerships and Collaboration

Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities. Accordingly, it is imperative that the mental health system direct outreach efforts to the broad array of diverse communities in which clients are a part (i.e. support groups, educational, religious and cultural centers, wellness centers, advocacy support, etc.) in order to promote understanding and responsiveness to the needs of clients and families on their recovery journeys, create awareness of stigma and discrimination, and further, work consistently to reduce it for persons with mental illness.

5.8 Evaluating the Safety and Efficacy of Planned Services and Supports

EFFECTIVE

Effective services are evidence-based (or promising) and respectful of - in fact, provided in response to - individual choice and preference.

Having reached agreement on a set of services and supports, there are two critical questions that must be answered before initiating the plan:

- Are the proposed interventions *safe*? Is the level of risk acceptable?
- Are the proposed interventions *efficacious?* Are they likely to be helpful and effective?

This is a final checkpoint to make sure that the risks and benefits of selected interventions have been considered by both providers and individuals in the decision-making process. This is also the time to clarify what to expect from the chosen interventions, how to know if they are helping or hurting, and what to do in case of problems or crises.

5.8.1 For each intervention chosen, there is documentation or confirmation of a discussion of the potential risks and benefits, to the extent such information is available.

5.9 Review Criteria

Criteria to guide and evaluate activities relevant to this chapter are being identified and developed along with appropriate performance indicators and outcome measures.

5.10 BIBLIOGRAPHY

Adams, Jared R.. and Drake, Robert E. "Shared Decision-Making and Evidence-Based Practice." Community Mental Health Journal 42.1 (2006): 87-111

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Elsevier Academic Press, 2005.

Center for Shared Decision Making, Dartmouth-Hitchcock Medical Center, 2007. www.dhmc.org/shared_decision_making.cfm

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.

Copeland, M.E. Copeland Center for Wellness and Recovery, 2007. www.copelandcenter.com, www.mentalhealthrecovery.com

Deegan, P. Beyond Compliance: Shared Decision-Making and the Use of Psychiatric Medications in the Recovery Process. Presentation at California Institute for Mental Health, Sacramento, California, July 7, 2006. ***NEED PERMISSION TO CITE***

Deegan, P. and Drake, R. "Shared Decision Making and Medication Management in the Recovery Process." Psychiatric Services (2006): 57:1636-1639.

Institute of Medicine. Crossing the Quality Chasm: A New Health Care System for the 21st Century. Washington, D.C.: National Academy Press, 2001.

Holmes-Rovner, M., et al. "Patient Choice Modules for Summaries of Clinical Effectiveness: a Proposal." BMJ (2001): 322: 664-667.

Lee, S., et al.. Enhancing Physician-Patient Communication. American Society of Hematology, 2002: 464-483.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. Final Report. Rockville, MD: 2003.

O'Connor, A., Llewellyn-Thomas, H. and Flood, A. "Modifying Unwarranted Variations in Health Care: Shared Decision-Making Using Patient Decision Aids." Health Affairs (2004): Web exclusives 10.1377/hlthaff.var.63

Towle, A. and Godolphin, W. "Framework for Teaching and Learning Informed Shared Decision-Making." BMJ 319.18 (1999): 766-771

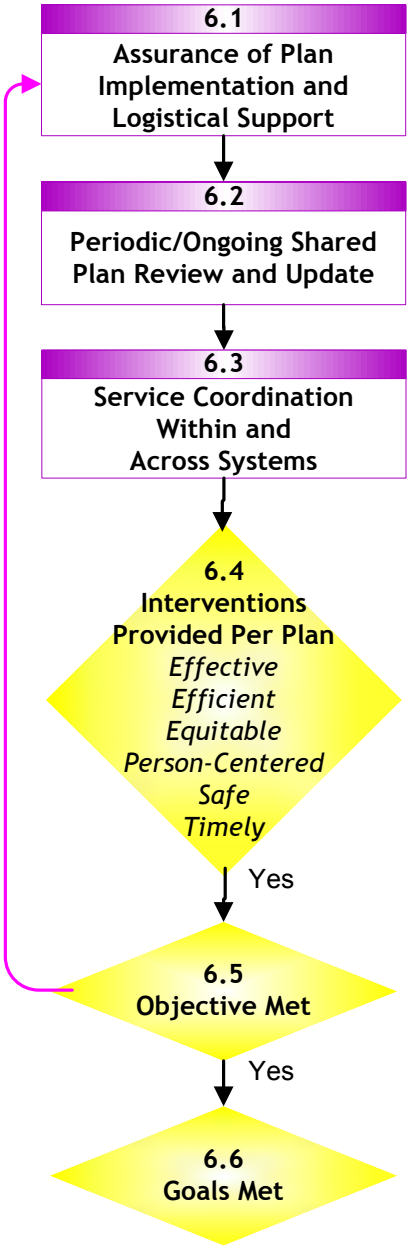
Woolf, S. et al. "Promoting Informed Choice: Transforming Health Care to Dispense Knowledge for Decision Making." Ann Intern Med. (2005): 143:293-300.

Chapter 6

Implementation and Evaluation of Integrated Services and Supports

Natural supports are personal associations and relationships that are developed in the community and enhance the quality and security of one's life. This includes family relationships, diverse friendships that reflect the neighborhood and community, fellow students and/or employees, and associations developed in clubs, organizations or through other activities. Natural supports are critical to decreasing stigma and isolation as social inclusion increases wellness.

Clients have a personal responsibility for their own self-care and recovery process. Taking steps towards achievement of their goals may require great courage as clients must strive to understand and give meaning to their experiences, learn coping strategies and identify healing processes that promote their own wellness.



6.0 OVERVIEW

A well-conceived, person-and-family-centered services and support plan is necessary prior to implementation of any strategy. The plan lays out exactly what needs to be done, the methods by which to do it, and who is responsible for which activity or intervention. The statement of goals directed by the client/family member provides the long-term vision of recovery. The shared objectives provide a closer focus on a more positive approach to the immediate steps that work to reduce obstacles and support attainment of the plan's goals. The specified interventions may include an array of services, supports and referrals to community resources, and are derived from a process of shared consideration of the options, risks, benefits and individual's preferences. The interventions are the activities intended to help the individual accomplish the plan's specified objectives.

HARMONY

Harmony can be described as a state of spiritual, physical, communal and emotional balance for the individual, his/her family and community. This state of being can foster health, wellbeing, purpose and recovery. Although harmony is something developed by an individual, services and supports can promote or hinder the process.

Inevitably, decisions are being made all the time and are part of virtually every encounter. And every decision should be shared. But it is equally important that this decision making be culturally informed and sensitive. Cultural factors, amongst other considerations, strongly influence the individual's/family's interest in and motivation for shared decision-making (SDM). SDM, and even empowerment, are not necessarily values shared by all consumers, cultures, and providers.

Nor are attitudes and preferences static over time – rather, they are often dynamic factors that change within the course of recovery. It is important that SDM itself is individualized and consistent with individual and family preference at all times. We cannot presume that one viewpoint can represent the whole community of clients. Instead, taking time to re-assess an individual's/family's changing needs over time, and creating an emotionally safe and confidential environment for the individual/family to provide feedback about the process is essential.

NON-LINEAR

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This new found awareness enables the client to move on to fully engage in the work of recovery.

Shared decision-making does not end with the development of a plan. It is the essence of an ongoing collaboration and full working partnership that should pervade the client's and family's involvement with the behavioral health system and be part of implementing, evaluating and revising the plan. In moving from planning to implementation there should be accountability for timely attention to the details specified in the shared process of developing the plan. The client and family members are always central members of the team—and a truly activated recovery oriented team works to support the empowerment of the consumer with the skills and abilities helpful to maintain recovery and resiliency.

The notion of team has multiple meanings and implications. A team can refer to both the multi-disciplinary group of providers within the service delivery system (see chapter 3), as well as the network of support around the individual in the community (see chapter 7). These multiple levels of team could be conceived as a series of concentric circles: at the center is the individual, encircled by their family of choice,

and then the providers who work with the client and family on a frequent basis. This may be seen as the "core Team". The next circle would include a broader array of family members, supportive friends, service providers, community and faith-based supports, etc., who may be seen as the "extended team." Perhaps the outer rings would be individuals and organizations that have less frequent contact with the client, but who should be included in broader, more long-range planning.

The exact composition of the Core Team or the extended team will vary based upon the needs and preferences of each individual. Decisions about who is to be included in the team should be set through a collaborative and respectful process with the client and the individuals involved, to determine what level of involvement is appropriate and realistic for them. Setting expectations for involvement beyond a family's ability to participate can result in frustration, disappointment, and guilt. If there is an overarching sense of appropriate communication and a truly inclusive, flexible, and welcoming spirit, the actual decisions about who should attend what team meeting can be worked out in a manner that is satisfactory and appropriate for all.

There may be times when practical issues preclude client and family involvement in all of the team's meetings. For example, in an emergency, the team's primary concern is assuring the safety and well-being of the client and others—even if the process cannot be fully participatory at that moment. If the client has a crisis plan or psychiatric advance directives in place, their wishes can be considered in these emergency situations. However, in the absence of a crisis plan, the members of the team responsible for delivering supports and services may need to proceed with necessary actions. The follow-up to that is what would be important – the timely inclusion of those who should immediately be notified and involved in subsequent team decisions, in keeping with CalMEND values, principles, and maintaining the commitment to inclusion and shared decision-making.

Implementation of the plan should assure that consumers and families access the services and supports and follow-through on the activities specified in each plan. As a plan is implemented, the provider is in part helping the client by promoting a sense of balance, internal competency and confidence and assuring access to resources.

Implementation in itself is a dynamic and ongoing process. It is continually informed by the day-to-day experience of consumers, families, and providers. The orchestration, coordination and actual provision of person-and-family-centered services and supports can often be a complex undertaking. Translating the plan into action requires several considerations including: the individual's/family's readiness for change, provider's readiness for change, ethnic, cultural and linguistic competencies and accessible resources such as transportation. There is also increasing evidence to suggest that the inclusion of a peer/recovery specialist on the team can significantly and positively influence consumer participation and success.

OPENNESS TO ALTERNATIVE CHOICES

Shared decision-making and person-centered approaches may require serious consideration, discussion, and openness to alternative choices, including cultural traditions, non-medical services and other client preferences or interests.

In forensic settings, a Forensic Peer specialist may bring a unique and particularly useful perspective.

This is a model of empowerment in contrast to the previous rehabilitation and earlier community mental health practice models that have tended to perpetuate a well-intended but often disempowering and/or paternalistic orientation toward consumers and families. In a recovery framework, the focus is on supporting consumers and families in taking charge of their lives. Each team member has shifting responsibilities over time as the consumer and family progress on their recovery journey. How services and supports are provided can either foster ongoing dependence or promote empowerment.

SHARED DECISION-MAKING

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy. This process is used to make decisions regarding care options and recovery goals.

6.0.1 Direct service staff have demonstrated competencies in providing person-centered recovery-oriented services and supports and promoting on-going shared decision-making.

6.0.2 Service delivery organizations have the administrative competencies to support direct service staff and promote on-going shared decision making for person-centered recovery-oriented services and supports.

6.1 Assurance of Plan Implementation and Logistical Support

A plan is only as good as the actions taken to assure its implementation. Coordination and follow-through as detailed in the plan is an essential function of the services team. The team members work together to access, manage and deliver the service interventions, supports and other resources, and meet as often as necessary to ensure that the plan is followed.

The service/recovery team—including the client/family--should share responsibility for implementation of the plan. However, it is often useful to have one person assigned to ensure follow-through as well as ongoing evaluation of client/family involvement, effectiveness, safety and progress. Clear communication and documentation is essential, and reassessment is always occurring. Changes are incorporated into the service/recovery plan, so that it is an organic, adaptable document that evolves as a reflection of the individual's recovery process.

Ideally, the individual is able to draw upon personal strengths and gain skills in the process and become increasingly self-directed and manage their own affairs and recovery. In this way the individual can more effectively advocate for his or her own recovery as an essential member of the service/recovery team.

The services and supports team maintains a readily accessible written record that includes the service/recovery plan along with other resources and materials. Records are organized in a systematic way to ensure that information is available to all team members as needed. Consumers are provided copies of their plans for their own reference as well as updates when changes are made.

Responsibilities are clearly assigned, according to the plan, so that everyone knows who is doing what. Assignments should be made based on interest, motivation and aptitude rather than traditional professional roles—but every member of the team has a role to play as detailed below[1]:

6.1.1 Client/Family:

a. Actively participates as equal partners in the development of and achievement of his/her plan's goals, objectives to the extent that he or she is willing and able.

b. Shares in making decisions about appropriate services and supports to promote goal attainment.

SELF-DIRECTION

Self direction is the self-management of personal independence and as such, represents a client's development and increased use of natural supports like self care, housing and employment. These abilities, remembered or new-found, aid the client in realizing the optimal in their overall health and personal achievement. Clients lead, persist and exercise choice over their own paths of recovery by optimizing individual autonomy, independence and control of resources to develop strength and purpose in their lives.

FAMILY FRIENDLY CARE

Family-friendly care includes ongoing attempts to engage and encourage healthy education, support and involvement of client designated family in the recovery journey.

[1] Liberman, et al provide an excellent discussion of team role/functioning in their article *Requirements for Multidisciplinary Teamwork in Psychiatric Rehabilitation* published in Psychiatric Services, vol 52:10, Ocotober 2001, pages 1331-42

c. Gradually assumes more responsibility, ultimately becoming his or her own advocate in the recovery process.

6.1.2 Staff (including peer specialist):

a. Responsible for ensuring the implementation of the individual plan

b. Responsible for supporting and promoting shared decision making with client and family

c. Appointment of unambiguous, identifiable lead

d. Clarify roles and responsibilities of each team member

e. Clear, timely and consistently formatted documentation of services and supports provided, that describes progress towards attainment of the shared objective, identifies problems and facilitates communication among team members

6.1.3 Administrative Lead:

a. Assuring that adequate resources in terms of staffing, appointment time, training to develop desired competencies, ongoing supervision, quality assurance and feedback for practice improvement, network with community organizations are readily available to support implementation of each individual's plan.

6.1.4 Implementation Lead: within a shared decision making framework, coordinates services and supports for each person by:

a. Taking primary responsibility for working with client and family, as well as other team members, to develop recovery strategies

b. Assuring the participation of the individual an ongoing basis in shared decisions relating to his or her plans and goals.

c. Assuring that plans are empowering (see Chapter 5) and the system upholds its responsibilities for shared decision making while encouraging clients/family members to uphold theirs

d. Assuring culturally competent approaches

e. Providing a single point of contact accessible to client and family members

f. Coordinating and facilitating all services and supports delineated in the plan

g. Facilitating communication across team

h. Triaging client needs

i. Helping the client and team to identify and address gaps in service provision. (CARF)

j. Functioning as an advocate for the individual, supporting the individual and family in expressing their preferences,

k. Facilitating communication with care providers and the team, while maintaining the focus of treatment on the individual's recovery goals

l. Communicating information regarding progress of the person served to family members and others, with appropriate prior permission

m. Encouraging and supporting the active involvement of the adult client's family of choice or minor client's legal guardian on an ongoing basis

n. Facilitating any transition processes, including arrangements for follow-up services. (CARF)

o. Identifying the process for after-hours contact (CARF)

1. Coordinating effective linkages with services, provided outside of the organization, whether or not anticipated by the plan.

2. As the individual assumes more responsibility, desires more independence, and becomes their own advocate, the Implementation Lead steps aside, continuing to offer and provide whatever support as needed

3. Responds flexibly to the individual's level of need

4. Facilitates the self-reliance process

p. Coordinating appointments and meetings are coordinated so as not to interfere with other personal recovery activities.

q. Meeting regularly with the individual at a frequency desired by the individual, to review the plan and make sure that problems are addressed and progress recognized

6.1.5 When all members of the team cannot be physically present at a team meeting, all efforts should be made to include them via conference call or other electronic means.

TIMELY

Timely engagement in services and/or supports is achieved through a shared decision-making process and is based on individual needs for responsiveness. Timely care may be anticipatory and respond to both immediate needs and long-term recovery goals. When needed, it is imperative that services are promptly and appropriately provided on an individualized basis in order to restore and sustain clients' and families' integration in the community.

6.2 Service Coordination Within and Across Systems

Recovery is supported by providing access to a wide range of services that promote wellness, empowerment and self-direction, and that, at the same time, respond to the individual's/family's needs and preferences. The array of resources that are indicated/required may exceed the capacity of any one single provider/team/organization and require the input and participation of a range of individuals, agencies, and supports. These activities should also involve the individual and their natural supports within the community as appropriate.

Pro-active coordination of services is essential to promote progress, assure the effectiveness of the plan and prevent fragmentation. Actively managing a wellness/recovery plan that involves multiple providers of supports and services along with the self-initiated efforts of the individual/family may be critical to achieving the individual's wellness/recovery goals, near-term outcomes and overall success.

A unique example of this can be found in the process of care planning, if and when an individual is admitted to a hospital or other 24-hour care facility for mental health treatment. While immediate goals and short-term objectives, by necessity, are related to resolving the factors that led to the admission, the individual's overall recovery goals should not change. Ideally, the inpatient plan is linked and coordinated with the ongoing recovery plan simply by "inserting" the immediate treatment objectives and should focus on returning individual to their community-based recovery efforts as quickly as possible.

Shared records and/or access to a single electronic record have the potential to go a long way towards addressing these concerns, but are not likely to solve them altogether. Strategies to assure service coordination are essential.

SPIRITUALITY

Spirituality represents a deep sense and experience of belonging and connection to a life philosophy, higher power and/or the sacred. Spirituality often provides an inner anchor that brings balance, peace, centeredness, and resilience in dealing with life events. Spirituality can support each person's own personal recovery journey, and may be a tremendous source of strength, hope and energy. Providing client/family driven services requires that an individual's spiritual beliefs, preferences, traditions, and practices are respected.

6.2.1 Service coordination across multiple providers / organizations / settings includes:

a. ongoing communication
b. appropriate sharing of information
c. participation in plan updates and reviews
d. other linkage strategies

6.2.2 The services/recovery team takes responsibility for assuring the privacy of information and the *appropriate* sharing of information consistent with the provisions of the California Welfare and Institutions code, Health Insurance

Portability and Accountability Act (HIPAA) and other applicable regulations, with related service/support providers such as:

a. physical health care
b. residential service providers
c. substance abuse services
d. peer/consumer-operated services
e. social services
f. probation and parole
g. community support programs (e.g. housing, educational institutions, vocational/employment agencies, faith organizations, social networks)
h. other services

6.3 Periodic/Ongoing Shared Plan Review and Update

This section refers to 6.3.a, 6.3.b and 6.3.c on the CalMEND Process Map. Although questions about the provision and effectiveness of interventions, attainment of objectives and the attainment of goals are depicted as discrete steps, in practice they are all considered during the periodic/ongoing shared plan review and update.

Regular review of the plan to evaluate progress towards attaining shared goals and objectives are an essential activity. While the national standard for the period of formal and structured review is no more than every 90 days as detailed in the Commission for Accreditation and Rehabilitation (CARF) standards, the Substance Abuse and Mental Health Service Administration's (SAMHSA) Integrated Dual Diagnosis Treatment (IDDT) toolkit and other references, it is the target time frames specified for attainment of an objective that should really set the time for review of each consumer's plan. However, as noted in the overview, decision making and re-assessment of the plan and its implementation is an on-going if not continuous process. In many settings this is reflected in a goal oriented service note in the record e.g. the SOAP or DAP format which includes **D**escription (**S**ubjective/**O**bjective), **A**ssessment and **P**lan.

RECOVERY ENVIRONMENT

A recovery environment allows a client and his/her family to develop trust in their supports and fosters confidence that their goals are worthy and attainable.

Hope can be expressed in many ways—including the anticipated success and progress detailed in the objectives as well as in the individual's life as a whole. The attainment of objectives and goals is a clear communication to the individual and the whole team that change is possible. This often instills further hope and helps the individual to re-evaluate their own recovery potential and dreams while setting the stage for developing new objectives, goals and increasing self-direction.

Success in these efforts requires a recovery competent workforce that has the attitudes, beliefs, knowledge skills and abilities to support individuals/families in their pursuit of recovery, wellness and empowerment. There is increasing attention being paid to the importance of workforce development—from family and peer specialists to para-professionals and licensed practitioners—as an essential component of a recovery-oriented person-centered system of care that supports shared decision-making

EMPOWERMENT

It is imperative that clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—as they are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

Along with the anticipation for change, it is equally important to quickly identify those instances when planned and anticipated change is not occurring. Understanding why the desired change is not attained, and gathering additional information, modifying the integrated formulation, extending objective time frames, and changing expectations and/or strategies are all part of the review process. When objectives are met but the overall goal is not yet attained, the review is an opportunity to specify next steps and additional objectives that build on the consumer's strengths and further progress towards attaining their goal(s).

Written progress or service notes should be kept, documenting the services and supports provided as well as the objectives and goals that were achieved or revised since the last review and update of the plan. Occurrences in the individual's life that may impact recovery progress and the specific services and supports that the organization and others have provided should be included.

ENGAGEMENT

Engagement is a crucial step towards obtaining accurate information about the client and in helping formulate and carry out an individualized and effective treatment strategy. Engagement and trust-building may take considerable time and consistent effort from providers.

There are a number of assessment and evaluation tools that can be used to help determine the effectiveness and benefit of services and supports. Some of these may include:

- Stanislaus Milestones in Recovery,
- SF-12 (functional/recovery measures)
- Mental Health Statistics Improvement Project (MHSIP) consumer survey, other consumer satisfaction with services surveys

Other resources and tools to support the CalMEND vision are under-development and are being pilot-tested in the Fall 2007/Winter 2008.

6.3.1 Evaluation of progress and the ongoing relevance / effectiveness of the plan is a shared activity that involves both the provider and the client / family members.

6.3.2 A complete and accurate record containing information regarding all the services the person receives is developed, maintained and review with the individual to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

6.3.3 The individual record communicates information in a manner that is (CARF):

a. organized
b. clear
c. complete
d. current
e. legible

6.3.4 The individual record includes (CARF):

a. the name of the person currently coordinating the services of the person served

b. the location of any other records

c.. information about the individual's primary care physician, including the name, address, and telephone number, when available

d. information about the individual's family or friend of choice contact

e. healthcare reimbursement information, if applicable

f. the person's:

- health history;
- current medications;
- preadmission screening, when conducted;
- documentation of orientation;
- assessments;
- individual plan, including reviews;
- transition plan, when applicable;
- a discharge/transition summary for all persons who are no longer receiving services/supports from a particular team, clinic, center, etc.;
- correspondence pertinent to the individual;
- authorization for release of information with a regular review and updated with individual;
- documentation of internal or external referrals;
- process used in joint decisions.

6.3.5 Individual wellness/recovery plans are:

a. reviewed, updated and modified with the individual/family whenever needed with the individual in response to changes that impact service and support needs in order and assure the continued relevance of the plan regardless of the timing of the ninety day review cycle;

b. shared with clients and families by providing written copies;

RESILIENCE

It can be a normal part of recovery to have setbacks. Resiliency is the ability to withstand or quickly recover from difficult circumstances. By using selected supports, retaining knowledge, maintaining a positive attitude, and continuing his/her individualized recovery plan, a client will often be healthier than before the setback, with new self knowledge

GOAL-ORIENTED

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

6.3.6 Signed and dated progress notes document achievement of identified (CARF):

a. objectives;

b. goals;

c. significant events or changes in the life of the person served;

d. the delivery of services and specific interventions that support the individual plan;

e. client/family participation.

6.3.7 A review of plan implementation considers whether or not the proposed/provided service and supports are

a. helping the individual in the recovery process;

b. evidence based and the providers/system competent and/or c. reflect the individual's preferences and choices;

c. provided in an equitable and culturally competent manner;

d. provided in an efficient manner;

e. provided in a timely and person-centered manner;

f. provided in a welcoming and safe manner;

b. are helping to bring about desired clinical changes;

c. helping to bring about the individual's desired changes

h. promoting optimal functioning (e.g. sf36, sf-12);

d. promoting progress towards the individual's self-defined recovery goals (e.g. milestones in recovery);

e. provided in a way that empowers the individual;

j. ensuring shared decisions with client/family and provider;

6.4 *Review Criteria*

6.5 BIBLIOGRAPHY

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Elsevier Academic Press, 2005.

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual.

Connecticut Implementation of Person-Centered Care. "What is Person-Centered Care and How Can It Be Designed for Application in Connecticut?" State of Connecticut Department of Mental Health and Addiction Services, www.dmhas.state.ct.us/recovery/personcentered.pdf

Institute of Medicine. Crossing the Quality Chasm: A New Health Care System for the 21st Century. Washington, D.C.: National Academy Press, 2001.

Lewis, M. "Personal Communication" Milestones in Recovery, Stanislaus County Revised, 2006.

Liberman, R., et al.. "Requirements for Multidisciplinary Teamwork in Psychiatric Rehabilitation." Psychiatric Services 52.10 (2001): 1331-1342.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

Quality Metric Inc. The SF-12®: An Even Shorter Health Survey. http://www.sf-36.org/tools/sf12.shtml

Sainsbury Centre for Mental Health. The Capable Practitioner: A framework and list of the practitioner capabilities required to implement The National Service Framework for Mental Health. Report commissioned by The National Service Framework Workforce Action Team, London, 2001.

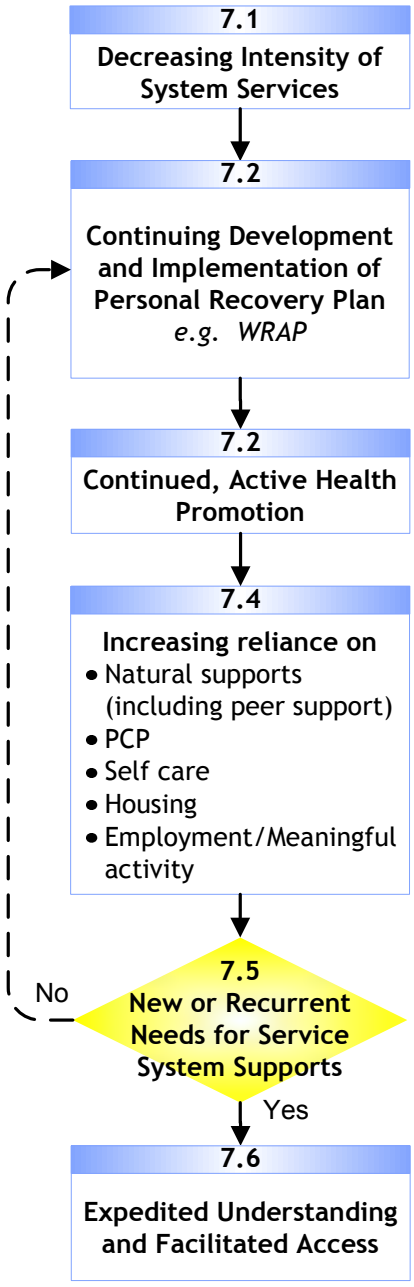
Tondora, J., et al. Implementation of Person-Centered Care and Planning: How Philosophy Can Inform Practice. Western New York Care Coordination Program. www.carecoordination.org

CHAPTER 7

INCREASING SELF/COMMUNITY RELIANCE

"It can be a normal part of recovery to have setbacks. Resiliency is the ability to withstand or quickly recover from difficult conditions. By using selected supports, retaining knowledge, maintaining a positive attitude, and continuing his/her individualized recovery plan, the client will often be healthier than before the setback, with new self knowledge."

"Self direction is the self-management of personal independence and as such, represents a client's development and increased use of natural supports like self care, housing and employment. These abilities, remembered or new-found, aid the client in realizing the optimal in general health and personal achievement. Clients lead, persist and exercise choice over their own paths of recovery by optimizing individual autonomy, independence and control of resources to develop strength and purpose in their lives."



7.0 Overview

Ultimately, the successful accomplishment of goals leads to an increased capacity for self-management and participation in the life of the community--and with that opportunity for further growth and enhanced well-being. This is a gradual, lengthy, ongoing part of the personal recovery process; as the individual gains/regains a sense of knowledge and self-understanding, they may experience renewed hope and empowerment. With that, the individual is able to take a more active role in managing symptoms and illnesses, incorporating these activities in an ongoing process of recovery, engagement of social supports, relapse prevention and health promotion.

A personal recovery plan (e.g. a WRAP plan1) can be a useful tool to guide and support recovery. Such a plan may be continually revised and developed by the individual and partners in their formal and informal support network to reflect changes in the individual's recovery process and life circumstances over time. Plans often distinguish between services and supports provided by the formal service delivery system along with those accessed through a more informal and perhaps personal system of natural supports in the community. As clients and families move into more advanced stages of recovery, there is a desire to increase self/community reliance, at a pace determined by the individual.

Developing self-reliance is a process that can take an extended time and some individuals may prefer/require ongoing supports and services. The transition to becoming more reliant on self and/or natural supports within the community is gradual and builds upon skills and supports gained through the person's recovery efforts. Within this transition, the individual gradually (re)gains a sense of identity and autonomy apart from their status as a consumer within the mental health service system—regardless of whether or not they choose to receive mental health services. This shift to autonomy and self-directions can be fostered by providers working in partnership with clients/families to promote hope and optimism, in support of a life of their choice, within and beyond the limits of any mental health issue.

Self-Determination

Self determination is the faculty of an individual's will and persistence to strive towards a chosen goal and accomplish it. In the recovery model, the trait of self-determination is crucial in overcoming obstacles and setbacks. No matter what the obstacles are, the recovery process allows the client to recognize that even small steps are a realistic accomplishment towards goals, and that set-backs can be an opportunity to learn and grow. A client needs to believe that anything he/she can do to succeed is an accomplishment.

[1] WRAP stands for Wellness Recovery Action Plan (www.mentalheathrecovery.com and www.copelandcenter.com) and is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

- decrease and prevent intrusive or troubling feelings and behaviors
- increase personal empowerment
- improve quality of life
- assist people in achieving their own life goals and dreams.

WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help you reduce, modify or eliminate those symptoms by using planned responses. The WRAP system was developed by people who have been dealing with a variety of psychiatric symptoms for many years and who are working hard to feel better and get on with their lives. Mary Ellen Copeland has shared it with people with other illnesses and they too believe that it can be easily adapted for use with other conditions.

However, this transition to increasing self/community reliance can be impeded by several factors. Historically, the mental health system has tended to inadvertently stigmatize individuals and families, underestimate their recovery potential, and cultivate a dependence on the system and others. "The mental health system is often unaware of behaviors and interventions necessary to affect recovery; therefore, it acts, through inappropriate service delivery/interventions, to maintain dependency." (The Ohio Department of Mental Health) This is complicated by the lack of good models with well-developed "exits" or transitions from the formal service delivery system.

For clients and families, there may be some anxiety about these transitions, especially if they are perceived as necessitating a complete severance from all formal system supports, including benefits, health insurance, and the ready ability to access services at times of crisis or relapse. It is important that adult service users are supported in their choice to successfully move through this stage. Understanding that graduation from system services reflects a certain mastery of skills and the ability to sustain their ongoing recovery utilizing sustainable natural supports is often helpful. Accepting the work of this transition, and taking advantage of new opportunities, can enhance the individual's ultimate recovery potential. The challenge is to develop a system of peers, providers, and community members who can successfully encourage the individual *to become increasingly self/community reliant, and develop, regain, or enhance a sense of identity that goes beyond any health issues.*

This model of self-reliance has been defined as "a transition within the Recovery process whereby the consumer moves from dependence upon others to meet basic needs and control symptoms of psychiatric disability to a state of personal understanding and control of the consumer's own symptoms, enabling the achievement of life roles through interdependent relationships with others." (The Ohio Department of Mental Health). This has been made explicit in policies that promote independent living as a right for people with disabilities:

"To control and direct one's life means making cultural and life style choices among options that minimize reliance on others in decision-making and in performance of everyday activities, limited only in the same ways that people without disabilities are limited. It means exercising the greatest possible degree of choice about where you live, with whom to live, how to live, and how to use time. This includes taking risks and having the right to succeed or fail. It also includes taking responsibility for one's decisions and actions."

"To participate actively in society means having opportunities to fulfill a range of social roles. These include working, owning a home, raising a family, engaging in leisure and recreational activities and participating to the extent one chooses in all aspects of community life. This includes asserting one's rights and fulfilling one's responsibilities as a citizen."

(www.the-league.org/about/living.html)

The promotion of increased self-reliance should be a core value that guides the entire service delivery process and is coordinated with a focus on prevention and early

MEANINGFUL NICHE/FULFILLING LIFE

The realization of an individual's strengths can bring meaning to and fulfillment of one's life by creating renewed hope, purpose, and the opportunity to search for his/her dreams, discover who he/she is and what makes him/her happy. Finding a meaningful niche is the path to discovering one's self, strengths and direction. For many, leading a fulfilling life includes finding vocational or occupational interests/commitments, whether it is volunteer, transitional or paid. By making choices and empowering themselves, clients are able to find fulfillment and increased self-esteem.

intervention. This approach can help further the overarching recovery goal of successful community integration and participation for all persons served.

The proposed shift in thinking about increased self/community reliance is outlined in the CalMEND Person-Centered Process for Shared-Decision Making. The steps detailed in the sections below include:

7.1 Decreasing intensity of system services;

7.2 Continuing development and implementation of personal recovery plan;

7.3 Continued, active health promotion;

7.4 Increasing self/community reliance;

7.5 Monitoring for new or recurrent needs for service system supports; and

7.6 Expedited understanding and facilitated access.

HARMONY

Harmony can be described as a state of spiritual, physical, communal and emotional balance for the individual, his/her family and community. This state of being can foster health, wellbeing, purpose and recovery. Although harmony is something developed by an individual, services and supports can promote or hinder the process.

7.1 Decreasing Intensity of System Services

The need to decrease intensity of system services is deeply tied to the understanding that all persons served need to have a life-long continuum of services, for both health and mental health. Finding the right mix of service intensity and focus between the need for support and the need to become more self-reliant is often an ongoing and dynamic process that may change with the person's immediate needs, in response to a variety of factors and stresses, and the availability of supports and resources. These are two equally important needs to keep in balance.

Any discharge or transition planning should focus on helping clients to transition to another system of services (e.g. primary care, consumer operated wellness centers, etc.) or to a level of care that include a focus on relapse prevention and early intervention. Successful self-reliance and the engagement of appropriate services involves more than just education about sustaining and extending well-being; it should also include strategies for reducing the risk of any recurrence or relapse and, at the same time, emphasize the importance of general health promotion.

Individuals should also have opportunities to explore alternative, less restrictive service situations, so that they can make informed choices abut what arrangements and alternatives best suit their needs/preferences. Looking ahead to this phase of the recovery process should begin early in the Personal and Service System Planning phase and include a plan for transition.

A transition plan may be also be referred to as a continuing care plan or referral plan. According to CARF standards, it is recommended that, based on the needs of the individuals served, and in order to support ongoing recovery, personal gains and increased community inclusion, the service delivery system should have clearly established procedures for:

a. referrals, linkage and coordination;
b. transition to other services or levels of care; and
c. discharge.

7.1.1 Each person served has a transition plan (may also be referred to as a continuing care, discharge or referral plan, etc.) that is an extension of the individual's service/treatment plan and is responsive to the specific and unique preferences and needs of the individuals served.

7.1.2 The transition plan supports ongoing recovery, personal gains, and increased community inclusion.

Personal Learning and Growth

In the recovery model, a client's role includes learning how to take charge of his/her own healing process. A client will develop this attribute through a range of sources and experiences as the individual faces situations in which he/she can learn more about his/her abilities to understand and grow. Any situation can be a learning opportunity if, through it, the client is able to develop coping skills and resilience.

Shared Decision-Making

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy. This process is used to make decisions regarding care options and recovery goals.

7.1.3 The transition plan for services and supports is developed as a complement to the individuals' own personal recovery plan (see section 7.2 below)

7.1.4 The transition plan is developed by the individual in partnership with their service provider(s) and support system. The plan should (CARF):

a. identify the person's current:
   (1) progress in his or her own recovery or move toward well-being
   (2) gains achieved during program participation
   (3) strengths
   (4) needs
   (5) challenges or barriers
   (6) abilities
   (7) preferences

b. be developed with the input and participation of:
   (1) the person served
   (2) the family/legal guardian, when applicable or permitted
   (3) a legally authorized representative, when appropriate
   (4) members of the service and support team
   (5) the referral source, when appropriate and permitted
   (6) other community services, when appropriate and permitted.

c. identify the person's need for support systems or other types of services that will assist in continuing his or her recovery, well-being, or community integration.

d. include information on the person's medication(s), when applicable.

e. include referral source information, such as contact name, telephone number, locations, hours, and days of services.

f. include communication of information on options available if symptoms recur or additional services are needed.

7.1.5 Identified ongoing needs for services and supports are specific to the individual's age, gender, disability/disorder, or other special circumstances.

COMMUNITY PARTNERSHIPS AND COLLABORATION

Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities. Accordingly, it is imperative that the mental health system direct outreach efforts to the broad array of diverse communities in which clients are a part (i.e. support groups, educational, religious and cultural centers, wellness centers, advocacy support, etc.) in order to promote understanding and responsiveness to the needs of clients and families on their recovery journeys, create awareness of stigma and discrimination, and further, work consistently to reduce it for persons with mental illness.

CHOICE

It is essential that the mental health system provides a range of options in voluntary services so that together, the client, family and recovery team may explore different courses of action and make informed decisions regarding care and recovery goals.

[2] As appropriate and indicated, arrangements may be made for:
   a. case management
   b. community housing programs

(CARF)[2]

c. supported living programs
d. day habilitation programs
e. community employment services
f. domestic violence services
g. crisis intervention services
h. electronic or virtual services
i. inpatient services
j. medical services
k. medication management
l. meeting legal requirements of the persons served
m. outpatient therapy services
n. partial hospitalization
o. psychological services
p. psychiatric services
q. recreation/community living services
r. relapse prevention groups
s. residential treatment
t. self-help groups
u. social/protective services.
v. therapeutic foster care.
w. vocational rehabilitation.
x. employment services.
y. psychosocial rehabilitation.
z. psychosocial education, including training in money management and personal living skills
aa. income maintenance
bb. dietary services
cc. physical/occupational therapy
dd. speech/language pathology
ee. developmental training
ff. educational services
gg. individual plan coordination
hh. continuing care
ii. in-home support services

7.2 Continuing Development and Implementation of a Personal Recovery Plan

Whether formally laid out in a Wellness Recovery Action Plan (WRAP) or developed through another approach, each person should have a personal recovery plan. It can assist them with sustaining and furthering their recovery and ability to manage their own life as well as help with decisions about their life, family, wellness/recovery, choices for needed services, and supports. The plan should not only identify service goals but also include strategies for promoting/sustaining ongoing wellness and recovery supports.

An important component of an overall personal recovery plan is a crisis plan that prompts consumers to think ahead of time about their strategies for preventing crisis and relapse, to specify a preferred crisis response, and identify methods for obtaining necessary services, with facilitated access and expedited understanding. This crisis planning anticipates the possibility of new or recurrent needs for service system supports, and how the individual can access/re-engage more formal services and supports, as needed. Much like psychiatric advance directives, the plan also helps to establish the consumer's preferences for a time when they may not be fully capable of sharing in decisions about treatment and other options.

The process of developing a crisis plan can be educational and informative for both clients and providers, further enhancing engagement, understanding, and shared decision making. The use of joint crisis plans has been shown to considerably reduce involuntary hospital admissions and treatment for persons with severe mental illness (Henderson et al, 2004).

There are a number of resources that provide information and templates on how to create a personal recovery plan and a crisis plan. A short list of resources includes:

- Action Planning for Prevention and Recovery
  A Self-Help Guide
  http://mentalhealth.samhsa.gov/publications/allpubs/SMA-3720/crisis.asp

- WRAP Planning
  Mary Ellen Copeland
  http://www.mentalhealthrecovery.com/crisis.html

- Network of Care
  www.networkofcare.org
  (log in to access My Folder, which has a template for creating WRAP and crisis plans)

Strengths-Based

Strengths-based is a primary, respectful approach that focuses on individual choice and preference and a person's strengths, gifts and abilities to help them gain meaningful involvement in society. Every person has strengths that need to be recognized.

Goal-Oriented

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

Resilience

It can be a normal part of recovery to have setbacks. Resiliency is the ability to withstand or quickly recover from difficult circumstances. By using selected supports, retaining knowledge, maintaining a positive attitude, and continuing his/her individualized recovery plan, a client will often be healthier than before the setback, with new self knowledge..

7.2.1 Individuals are encouraged and supported, as appropriate, to develop their personal recovery plans, including crisis plans.

7.2.2 A personal recovery plan includes strategies for:

a. developing a system to monitor functioning and symptoms, to identify potential triggers and early warning signs of relapse
b. developing tools for the daily maintenance of wellness, and the prevention of crisis or relapse
c. establishing and maintaining personal choice in basic necessities such as food, clothing, and shelter
d. accessing and utilize evidence-base practices, promising practices and practice-based evidence
e. safe habits and appropriate substance use
f. using the arts and other means of expression as a healing tool
g. understanding safe and healthy family relationships and friendships
h. using community resources to support recovery and healing
i. education about health and mental health promotion

7.2.3 Crisis plans are developed jointly by clients/families and providers, and documented in individuals' records whenever possible.

7.2.4 A crisis plan includes strategies for:

a. reducing the risk of relapse and crisis
b. identifying an impending crisis
c. utilizing social networks and maintain social connectedness in a crisis
d. minimizing suicidal thoughts and behavior by reaching out to warm lines, friends, family, etc.
e. specifying individual preferences for crisis response
f. obtaining necessary services in a timely manner

EMPOWERMENT

A client and his/her family of choice is empowered when their needs, wants, desires and aspirations are respected, valued and encouraged. It is imperative that clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—as they are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

SELF-MANAGEMENT AND SELF-RESPONSIBILITY

Clients have a personal responsibility for their own self-care and recovery process. Taking steps towards achievement of their goals may require great courage as clients strive to understand and give meaning to their experiences, learn coping strategies and identify healing processes that promote their own wellness.

7.3 Continued, Active Health Promotion

In a service delivery system that historically has been described as "crisis driven", it can be difficult to realign resources to support a more plan-driven approach to providing mental health services—ranging from promotion, to relapse-prevention and early intervention, as well as individual services and supports of individuals' recovery. The current system needs to be transformed from what is often viewed and experienced as an unplanned and reflexive crisis-driven system focused on the units of services provided to a system of services and supports that anticipates needs and promotes sustained community integration.

An emphasis on ongoing prevention—particularly relapse prevention--and early intervention is an essential element of a recovery-oriented system. Success in the community is not just a goal--it may also be one of the most effective ways of promoting mental health and preventing illness and/or relapse. This strongly suggests the need for active efforts at reducing/eliminating stigma and discrimination which are often a barrier to establishing and sustaining a life in the community.

Prevention and Early Intervention (PEI) approaches are in and of themselves transformational in the way they restructure the public mental health system to a "help-first" approach and link the concepts of wellness and recovery to the community. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of the onset or recurrence of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services and supports at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

-- California Department of Mental Health, September 2007

While prevention and early intervention occur across the entire mental health intervention spectrum, its importance can be overlooked at this phase of the recovery process. Promoting wellness for an individual and the community overall is very much a part of providing supports for individuals who need welcoming and accepting communities to succeed with building and sustaining a fulfilling life.

Prevention encompasses a range of promotion activities that are *universal*—i.e. directed at the entire population—and *selective*—i.e. directed to a group of individuals/communities who are seen as being at increased risk for mental illness. Prevention in mental health involves reducing risk factors or stressors, building protective factors, skills and increasing support. Mental health promotion should be integrated, accessible, culturally competent, strengths-based, effective, and that targets investments with the aim of avoiding costs (in human suffering and resources) for treatment services.

Early intervention can be an important component of relapse prevention for "at risk" individuals. Early intervention refers to promotion activities directed towards individuals, families and communities who are at high risk and are beginning to manifest signs and symptoms of mental illness that precede the onset of known

Timely

Timely engagement in services and/or supports is achieved through a shared decision-making process and is based on individual needs for responsiveness. Timely care may be anticipatory and respond to both immediate needs and long-term recovery goals. When needed, it is imperative that services are promptly and appropriately provided on an individualized basis in order to restore and sustain clients' and families' integration in the community.

Client and Family Involvement in System Development

As vital informants to system design and development, it is essential that client and family members participate on development and decision-making bodies within all levels of the mental health system, are educated about mental health funding and the implementation of laws, have impact on policy and quality improvement issues, and are recognized in their roles as experts by compensation for their time at a fair and competitive rate.

disorders requiring extended treatment. This is also known as *indicated prevention.* (World Health Organization, 2004)

INCLUSION

To support the inclusion of mental health clients throughout broad communities, ongoing efforts must be made to reduce prejudice, eliminate stigma, and create greater understanding and acceptance of mental illness everywhere in the community

Specific Prevention and Early Intervention strategies may include:

Community Collaboration

The goal of community collaboration is to bring members of the community together in an atmosphere of support and common purpose. These related groups choose to systematically address community wellness or solve existing and emerging problems. (California Department of Mental Health, September 2007)

Service Coordination

To ensure continuity of service, a personal recovery plan, based on shared-decision making, should be developed with the individual. It is critical to coordinate services with a primary care provider in order to assist the individual with maintaining their recovery/well-being goals and successful community integration.

7.3.1 Providers of mental health services and supports, in collaboration with other community members, actively work from a public health perspective to promote welcoming communities, relapse prevention and early intervention when needed.

7.4 Increasing Self/Community Reliance

DIGNITY AND RESPECT

Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect provide inclusion and the full participation of clients in all aspects of their lives, including welcoming communities and services.

Perhaps one of the most important aspects of ongoing self/community reliance involves the pursuit of activities that help individuals to maintain a self-defined and self-directed life with optimal health and wellbeing. But there are many challenges to success that need to be considered and addressed. It has been clearly established that overall health is significantly impacted by a number of factors that go well beyond the individual's genetic predispositions, physical environment/exposure, psychology, and the benefits derived from a formal system of treatment, services and supports.

A number of social factors can impact well being and promote healthy individuals and communities. These include:

(1) Income;

(2) Employment;

(3) Housing;

(4) Education;

(5) Relationships and social interactions; and

(6) Discrimination/racism, stigma and exclusion.

(From *Primer to Action: Social Determinants of Health*, Ontario (Canada) Public Health Association, 2007)

HOLISTIC

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community.

Individuals should gain the skills needed to address their personal challenges related to these social/community factors impacting their health. At the same time, communities should ideally support individuals in their efforts to manage/overcome social factors that challenge and undermine an individual's ability to establish and maintain individual health while integrating or re-integrating into the community at large. All too often these factors go unrecognized and/or unaddressed.

Historically, issues of equity and access, as related to these social determinants have been seen as beyond the purview of the formal system of supports and services. However, a better understanding of how these social factors impact recovery success casts a new light on the potential *in*effectiveness of services and supports without some attention to these concerns. These insights suggest an expanded activist/advocacy role for not only individuals and families but for the formal service

delivery system. The work of recovery cannot be conducted in a vacuum and cannot readily succeed without equitable consideration of these determinants of wellbeing.

There are two primary domains of community success with a self-directed lifestyle of choice. These include;

A. Continuity of Services and Community Integration;

B. Safe and Healthy Relationships in the Community
   1. Life role development
   2. Social connections
   3. Community membership

Possible policies and practices related to each domain follow below.

A. Continuity of Services and Community Integration

Access to a combination of resources, including community agencies, natural, and peer supports, and aid from an ongoing prevention and early intervention service system, is essential in assisting the individual to succeed in effective self-care, maintaining old social connections, and establishing new ones.

B. Safe and Healthy Relationships in the Community

It is important for individuals to build a diverse range of community relationships to support their on-going recovery. Humans are inherently social beings. Isolation is inherently unhealthy for most people, and wellbeing is supported by engagement with others.

However, for a variety of reasons, individuals pursuing recovery often experience self-doubt, anxiety, fear, discrimination, and inequities that interfere with their success with connectedness. Supporting long-term recovery and community integration means actively addressing the important need of everyone to have a diverse range of safe and healthy relationships in the community.

1. Life Role Development

Early in the personal recovery planning process, and in order to promote growth, self-care, and community integration, individuals should be encouraged to assess and answer some of the following questions:

- Who am I?

Spirituality

Spirituality represents a deep sense and experience of belonging and connection to a life philosophy, higher power and/or the sacred. Spirituality often provides an inner anchor that brings balance, peace, centeredness, and resilience in dealing with life events. Spirituality can support each person's own personal recovery journey, and may be a tremendous source of strength, hope and energy. Providing client/family driven services requires that an individual's spiritual beliefs, preferences, traditions, and practices are respected.

Interdependence

Interdependence is the dynamic of being mutually dependent upon and responsible to others. Like independence, inter-dependence is a cultural value that instills dignity and self worth in an individual by allowing him/her to fulfill a unique role in family, culture and/or community. It is essential that each client's preference for interdependent participation with community, family and/or individuals is respected and incorporated throughout all services.

- Where do I want to go?
- What am I not doing that I want to do?
- How can I achieve realistic dreams in my recovery?

As part of the effort to answer these questions, individuals should be encouraged to determine their natural gifts, such as:

- What are my strengths?
- What are my talents and abilities?
- What are my needs and preferences?
- What am I capable of doing in the community-at-large that is healthy and safe?

HOPE

Hope is belief in an individual's ability to get well and live a meaningful life. Hope is the foundation and catalyst of the recovery process, leading to a sense of strength, competence, and positive gain. Hope in a better future provides an essential and motivating message of recovery, that people can and do overcome the barriers and obstacles that confront them

By answering these and other like/related questions, individuals can engage in a process of self-discovery, work at building self-esteem, enhance their recovery, and gain a sense of connection with the community at large.

Providers of formal services and supports can play an important role in this process. Beginning with a focus on engagement, strengths-based assessment, and understanding, providers should encourage and support this self-discovery process as well as helping individuals gain skills in realizing their potential in life. Individuals must be viewed as capable persons with natural strengths, talents, and core gifts.[3]

"…those with the right mix of social connections may be able to negotiate more effectively the various challenges they face, from economic growth and community development to crime prevention and engaging an active citizenry. People with extensive social connections linking them to people with diverse resources tend to be more 'hired, housed, healthy, and happy.'"

-- Policy Research Initiative, Canada, 2005

2. Social Connections

A personal recovery plan should also address whatever supports the individual may need to develop/maintain/enhance natural supports in the community. Promoting involvement in communities that are welcoming, understanding and accepting of cultural differences is an effective strategy for many. This engagement and participation helps individuals

[3] A key resource in this area is the concept of "Core Gifts" by Bruce Anderson, www.communityactivators.com. A core gift is an old idea, rooted in cultures around the world. The idea is simply that each person comes into this world with the capacity and desire to make a certain kind of contribution to the world around him/her. When a person gives their core gift, they gain hope they can be who they really are and make a contribution to their community. When a person knows his/her core gift, they can use it to stay grounded when they are disoriented, as a tool for problem solving and understanding in difficult times, and as a reminder of their unique value. Citizens who are isolated or disenfranchised from community life can give their core gifts as the primary way to regenerate feelings of belonging and engagement with others—if and when they are given the opportunity to do so. By supporting consumers in finding ways to share their core gifts, providers can help individuals gain strength and capacity and grow beyond their mental health challenges.

to strengthen their life role development. It also promotes social inclusion into accepting and nurturing cultures that help the individual maintain their wellbeing and shift roles.

Once involved, individuals can develop new roles and social connections with peers, friends, co-workers, church members and other community members. These new roles and social connections should be characterized by and based upon:

- common ground;
- safety and health;
- comfort and trust;
- cultural considerations;
- social inclusion and acceptance

3. Community Membership

A sense of community, acceptance and belonging is very important for sustaining recovery and a life in the community. Communities can be a source of strength and comfort to its members. There are many opportunities for recovering individuals to be included within social networks, which make up communities. Access to social networks/communities who promote/support social inclusion for recovering individuals is based upon everyone's ability to understand attitudes and practices with regards to:

- race;
- ethnicity;
- gender;
- sexual orientation;
- religion;
- disabilities.

PEER SUPPORT

Peer Support is the sharing of experiential knowledge, skills and social learning and plays an invaluable role in recovery. Clients encourage and engage their peers in recovery by providing each other with strength, a sense of hope, belonging, supportive relationships, valued roles and a sense of community. This relationship may diminish feelings of isolation and provides a client or family member with the opportunity to meet, learn from, and become the authority on themselves and their experience. Peer support may be beneficial to adult clients, family members and youth.

7.4.1 Self/community reliance is promoted through a variety of activities specific for each individual and may include:

a. decreasing intensity of system services

b. continuing development and implementation of a personal recovery plan

c. increasing reliance on:
   - natural supports (including peer and family support)
   - primary care practitioners
   - self-care

d. access to permanent community-integrated housing consistent with individual choice and preference

e. support for community-integrated competitive employment and/or other meaningful activity

f. ongoing prevention and early intervention skills and resources

g. attention to new or recurrent needs for service system supports

h. expedited understanding of emerging and/or changing needs

i. facilitated access to services or system re-entry at the appropriate level/intensity

NATURAL SUPPORTS

Natural supports are personal associations and relationships that are developed in the community and enhance the quality and security of one's life. This includes family relationships, diverse friendships that reflect neighborhood and community, fellow students and/or employees, and affiliations developed in clubs, organizations or through other activities. Natural supports are critical to decreasing stigma and isolation as social inclusion increases wellness.

7.4.2 Persons served have a range of options and opportunities in seeking gainful employment, should they desire to do so. Persons served receive accurate information regarding job income, social benefits, medical insurance, and other pertinent financial considerations, so that they can effectively plan their budget and make informed decisions regarding the income needed to maintain their lifestyle of choice.

7.4.3 Persons served have a range of options and opportunities to live in more community-integrated settings, as desired and appropriate.

7.4.4 Persons served have a range of options and opportunities in educational endeavors.

7.4.5 Persons served have a range of options in choosing the support system or services that will assist in promoting their well-being and recovery. It is important for individuals to understand that seeking help is critical to well-being and maintaining one's community membership.

7.5 Are There New or Recurrent Needs for Service System Supports?

When there are no new or recurrent needs for service system supports, the individual continues with refinement and implementation of their personal recovery plan along with a focus on continued/increasing reliance on their support system. Using their natural support system, individuals can assess changes in health and mental health. The goal is to engage people in preemptive help-seeking behavior and avoid crises.

But what if communities cannot meet all the individual's needs and more formal services and supports are required? What if natural supports become overwhelmed? What is the appropriate response to individuals when they experience new or recurrent needs for service system supports?

Perhaps one of the greatest sources of anxiety for individuals in recovery involves the risks that can be associated with increasing self/community reliance and decreasing dependence on the public/private service delivery system. A commonly heard concern involves possible difficulty in regaining access to services and benefits if/when they are needed. A person-centered recovery-oriented system, supported by shared decision-making, respects the individual's self-assessment of a need to re-engage and receive additional services and supports.

7.5.1 Consumers are supported in the ongoing implementation of their personal recovery plans and reliance on community/natural supports.

7.5.2 Consumers identifying new or recurrent needs for service systems supports are readily assisted in accessing those resources.

EMPOWERMENT

Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

NON-LINEAR

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This new found awareness enables the client to move on to fully engage in the work of recovery

SOCIALIZATION/ CONNECTEDNESS

In a healthy context, even passive, social connectedness and consequent informal role modeling can significantly aid recovery.

7.6 Expedited Understanding and Facilitated Access

Creating a "no wrong doors" approach to access for services and supports consistent with a "whatever it takes" philosophy can help to remove both physical and psychological barriers to access and assure the ready availability of responsive services and supports system in communities.

It is the responsibility of the system to remove barriers to re-entry for those individuals who experience new or recurrent needs for service system supports. There should be a process for expedited assessment and an understanding of the circumstances and needs requiring a response; access to whatever services/supports are required should be facilitated.

Timely and unnecessary delays should be avoided and the person should in no way feel blame or diminished by their request for further help and need for assistance. This is not a point of failure, but rather an opportunity for the individual, their supports, and the service system to learn form experience and rally in promotion of sustained recovery.

Easy Access

Providing easy access entails quality of care and choice being present from the first contact with a client. Mental Health services can be most effective when access to them is uncomplicated, straight-forward and painless. It is essential that individuals, families, providers and communities work together to facilitate access throughout the system so that a client experiences no wrong doors on his/her journey of recovery.

7.6.1 The removal of cultural, physical, financial and psychological barriers to an expedited understanding of a new or recurrent need for services is a system priority

7.6.2 Access to needed services, supports and benefits is expedited so that the individual receives the appropriate level of response in a timely fashion.

7.7 Review Criteria

7.8 BIBLIOGRAPHY

Adams, N. and Grieder, D. Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery. Elsevier Academic Press, 2005.

California Department of Mental Health. Mental Health Services Act – Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan, 2007.

Commission on Accreditation of Rehabilitation Services 2006 Behavioral Health Standards Manual. ****need permission to cite.***

Davidson, L., et al. "It was just realizing…that life isn't one big horror": A Qualitative Study of Supported Socialization. Originally appeared in Psychiatric Rehabilitation Journal, 24.3 (2001): 275-292. Reprinted in What Helps People Improve, Part I: The Fundamentals of Community Integration. Boston University, 2005.

Deegan, P. "The Importance of Personal Medicine: A Qualitative Study of Resilience in People with Psychiatric Disabilities." Scandinavian Journal of Public Health 33.66 (2005): 29-35.

Henderson, C. et al. "Effect of Joint Crisis Plans on Use of Compulsory Treatment in Psychiatry: Single Blind Randomized Controlled Trial." BMJ (2004): 329, 136; originally published online, doi:10.1135/bmj.38155.585046.63

Martyn, D. "The Experiences and Views of Self-Management of People with a Schizophrenia Diagnosis." Self-Management Project, London, UK. www.rethink.org

Mental Health Recovery: What Helps and What Hinders? A national research project for the development of recovery facilitating system performance indicators. Phase One Research Report: A national study of consumer perspectives on what helps and hinders recovery. National Technical Assistance Center for State Mental Health Planning.

National Collaborating Centre for Mental Health, National Institute for Clinical Excellence. Schizophrenia: Full clinical guideline on core interventions in primary and secondary care. London: The Royal College of Psychiatrists & The British Psychological Society, 2003. ****need permission to cite.***

The Ohio Department of Mental Health. Emerging Best Practices in Mental Health Recovery. June 1999, revised April 2000.

Ontario Prevention Clearinghouse, Ontario Chronic Disease Prevention Alliance and the Canadian Cancer Society-Ontario Division. Primer to Action: Social Determinants of Health. Toronto, 2007. Available from: www.ocdpa@ocpha.on.ca

Policy Research Initiative. Social Capital: A Tool for Public Policy. Canada, 2005. http://policyresearch.gc.ca/page.asp?pagenm=rp_sc_final2

Washington, Alice. Mental Health Recovery in Our Communities-Social Networks: Being Accepted, Included and Maintaining Social Connectedness. Sacramento, The California Institute for Mental Health, 2007.

World Health Organization (WHO). "Prevention of Mental Disorders: Effective Interventions and Policy Options" Summary Report. Geneva: World Health Organization, 2004.

World Health Organization. Fact file on the Social Determinants of Health. WHO Commission on the Social Determinants of Health, 2006. http://www.who.int/features/factfiles/sdh/01_en.html

CHOICE

It is essential that the mental health system provides a range of options in voluntary services so that together, the client, family and recovery team may explore different courses of action and make informed decisions regarding care and recovery goals. A client is not simply a subject who complies with directives from his/her provider, but rather, clients (and their identified family) and providers are partners in the healing process.

(SAMHSA, 2004)

CLIENT AND FAMILY INVOLVEMENT IN SYSTEM DEVELOPMENT

As vital informants to system design and development, it is essential that client and family members participate on development and decision-making bodies within all levels of the mental health system, are educated about mental health funding and the implementation of laws, have impact on policy and quality improvement issues, and are recognized in their roles as experts by compensation for their time at a fair and competitive rate.

CLIENT/FAMILY-DRIVEN

The recovery process is most successful when self-directed by the strengths and choices of the individual, who defines his or her own life goals and designs a unique path towards those goals. Client/family driven services exist when the beliefs, opinions and preferences of every client and their chosen family are a deciding determinant in service planning and an integral component of the recovery team.

Providing client/family-driven services goes beyond merely responding to clinical indicators; respecting the need for client/family choice allows an individual's recovery to be directed by the expressed values and preferences of the client and their family. Consequently, the recovery team can best engage a client when willing to modify its understanding in the light of expressed dissent and seeks out, discovers, and utilizes consensus expertise to empower and engage clients with diverse cultural and ethnic identities and linguistic preferences.

(SAMHSA, 2004)

Community Partnerships and Collaboration

Community-level partnerships and collaborations support recovery by not only providing integrated services within the mental health system, but also through the coordinated inclusion of community resources and other services, such as supportive housing, employment, meaningful activity and social activities.

Accordingly, it is imperative that the mental health system direct outreach efforts to the broad array of diverse communities in which clients are a part (i.e. support groups, educational, religious and cultural centers, wellness centers, advocacy support, etc.) in order to promote understanding and responsiveness to the needs of clients and families on their recovery journeys, create awareness of stigma and discrimination, and further, work consistently to reduce it for persons with mental illness.

Dignity and Respect

Dignity and respect ensure that the recovery team engages the whole person, and is not just treating a "diagnosis". Self-acceptance and regaining belief in one's self are particularly vital for all clients - dignity and respect provide inclusion and the full participation of clients in all aspects of their lives, including welcoming communities and services.

(SAMHSA, 2004)

Easy Access

Providing easy access entails quality of care and choice being present from the first contact with a client. Mental Health services can be most effective when access to them is uncomplicated, straight-forward and painless. It is essential that individuals, families, providers and communities work together to facilitate access throughout the system so that a client experiences no wrong doors on his/her journey of recovery.

Effective

Effective services are evidence-based (or promising) and respectful of - in fact, provided in response to - individual choice and preference.

EMPOWERMENT

A client and his/her family of choice is empowered when their needs, wants, desires and aspirations are respected, valued and encouraged. It is imperative that clients have the authority to participate in all of the decisions that affect their lives—including the allocation of resources—as they are educated, supported and strengthened by doing so. Through empowerment, an individual can gain control of his or her own destiny and influence the organizational and societal structures in his or her life.

(SAMHSA, 2004)

ENGAGEMENT

Engagement is the initiation and ongoing establishment of a positive, healing relationship between the provider and the client/family, and is characterized by the nurturing and enhancement of trust and respect among all parties. Engagement includes recognizing and attending to relevant cultural and ethnic values, practices and linguistic preferences. Engagement is a crucial step towards obtaining accurate information about the client and in helping formulate and carry out an individualized and effective treatment strategy.

Engagement and trust-building may take considerable time and consistent effort from providers as it is important to move at a pace that is comfortable to clients and families. Strategies that are patient, persistent and non-threatening are keys to engaging clients and families.

EQUITABLE

It is vital that no stigma or discrimination is applied to clients and families and that access and quality of care do not vary because of client or family characteristics such as race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic or legal status.

(IOM, 2001)

FAMILY-FRIENDLY CARE

Family-friendly care starts with the identification of a client's family of choice (i.e. parents, grandparents, aunts, uncles, siblings, best friends, ministers, caregivers, next door neighbors, etc.) and is supported by ongoing attempts to engage and encourage healthy education, support and involvement in the recovery journey. For adults, the scope of shared personal information is client-directed to maintain an effective, healing partnership.

GOAL-ORIENTED

It is essential that the recovery process is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals. It is also important to keep in mind that progress towards achievement of goals can be slow and steady and that goals may change over time.

(SAMHSA, 2004)

HARMONY

Harmony can be described as a state of spiritual, physical, communal and emotional balance for the individual, his/her family and community. This state of being can foster health, wellbeing, purpose and recovery. Although harmony is something developed by an individual, services and supports can promote or hinder the process.

HOLISTIC

Recovery encompasses a holistic approach, involving an individual's whole being, including mind, body, spirit, family, friends, and community. Accordingly, recovery may involve all aspects of life, including but not limited to housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation and family supports as determined by the person.

(SAMHSA, 2004)

HOPE

Hope is belief in an individual's ability to get well and live a meaningful life. Hope is the foundation and catalyst of the recovery process, leading to a sense of strength, competence, and positive gain. Hope in a better future provides an essential and motivating message of recovery, that people can and do overcome the barriers and obstacles that confront them.

(SAMHSA, 2004)

INCLUSION

At a system level, services and supports should welcome and respect individual cultural and ethnic identities and linguistic preferences. The recovery team imparts a sense of personal value in the client and convey belief in his/her capacity to succeed.

Further, to support the inclusion of mental health clients throughout broad communities, ongoing efforts are made to reduce prejudice, eliminate stigma, and create greater understanding and acceptance of mental illness everywhere in the community.

Inter-Dependence

Interdependence is the dynamic of being mutually dependent upon and responsible to others. Like independence, inter-dependence is a cultural value that instills dignity and self worth in an individual by allowing him/her to fulfill a unique role in family, culture and/or community. It is essential that each client's preference for interdependent participation with community, family and/or individuals is respected and incorporated throughout all services.

Linkage of Individuals to Community-Based Resources

Person-centered access requires collaboration between health and human service agencies and community-based and other resources in order to meet individuals' and families' needs at the point of contact, wherever they occur. Programs and initiatives are in place to reach out and engage individuals who may be in need of services but experience barriers to seeking help that may include cultural and language barriers, lack of knowledge, fear, embarrassment, distress, confusion, homelessness, illness, addiction, lack of transportation, lack of financial resources amongst other perceived and real barriers.

Meaningful Niche/Fulfilling Life

Finding a meaningful niche is the path to discovering one's self, strengths and direction. The realization of an individual's strengths can bring meaning to and fulfillment of one's life by creating renewed hope, purpose, and the opportunity to search for his/her dreams, discover who he/she is and what makes him/her happy.

For many, leading a fulfilling life includes finding vocational or occupational interests/commitments, whether it is volunteer, transitional or paid. By making choices and empowering themselves, clients are able to find fulfillment and increased self-esteem.

Natural Supports

Natural supports are personal associations and relationships that are developed in the community and enhance the quality and security of one's life. This includes family relationships, diverse friendships that reflect neighborhood and community, fellow students and/or employees, and affiliations developed in clubs, organizations or through other activities. Natural supports are critical to decreasing stigma and isolation as social inclusion increases wellness.

(Department of Developmental Services, www.DDS.gov)

Non-Linear

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks and learned experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This new found awareness enables the client to move on to fully engage in the work of recovery.

(SAMHSA, 2004)

Openness to Alternative Choices

Shared decision-making and person-centered approaches may require serious consideration, discussion, and openness to alternative choices, including cultural traditions, non-medical services and other client preferences or interests.

Peer Support

Peer Support is the sharing of experiential knowledge, skills and social learning and plays an invaluable role in recovery. Clients encourage and engage their peers in recovery by providing each other with strength, a sense of hope, belonging, supportive relationships, valued roles and a sense of community. This relationship may diminish feelings of isolation and provides a client or family member with the opportunity to meet, learn from, and become the authority on themselves and their experience. Peer support may be beneficial to adult clients, family members and youth.

(SAMHSA, 2004)

Personal Community

Involvement of personal community may provide the individual with security, protection, and understanding when receiving or seeking services.

Personal Learning and Growth

In the recovery model, a client's role includes learning how to take charge of his/her own healing process. A client will develop this attribute through a range of sources and experiences as the individual faces situations in which he/she can learn more about his/her abilities to understand and grow. Any situation can be a learning opportunity if, through it, the client is able to develop coping skills and resilience.

Person-Centered

Person-centeredness is a comprehensive approach to understanding each individual and their family's history, common needs, strengths, recovery, culture and spirituality. Using a person-centered approach means service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each whole person.

Recovery

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

(SAMHSA, 2004)

Recovery Environment

A recovery environment is inviting, comfortable and safe, communicates hope, opportunity and wellness and provides non-threatening challenges and opportunities. The client, family and recovery team listen and communicate thoughts and ideas in an atmosphere where all can speak and be heard successfully. Such an environment allows a client and his/her family to develop trust in their supports and fosters confidence that his/her goals are worthy and attainable.

Resilience

It can be a normal part of recovery to have setbacks. Resiliency is the ability to withstand or quickly recover from difficult circumstances. By using selected supports, retaining knowledge, maintaining a positive attitude, and continuing his/her individualized recovery plan, a client will often be healthier than before the setback, with new self knowledge.

SAFE

It is essential that services are provided in an emotionally and physically safe, trusting and caring environment for clients, family members and the recovery team.

SELF-DETERMINATION

Self determination is the faculty of an individual's will and persistence to strive towards a chosen goal and accomplish it. In the recovery model, the trait of self-determination is crucial in overcoming obstacles and setbacks. No matter what the obstacles are, the recovery process allows the client to recognize that even small steps are a realistic accomplishment towards goals, and that set-backs can be an opportunity to learn and grow. A client needs to believe that anything he/she can do to succeed is an accomplishment.

SELF-DIRECTION

Self direction is the self-management of personal independence and as such, represents a client's development and increased use of natural supports like self care, housing and employment. These abilities, remembered or new-found, aid the client in realizing the optimal in their overall health and personal achievement. Clients lead, persist and exercise choice over their own paths of recovery by optimizing individual autonomy, independence and control of resources to develop strength and purpose in their lives.

(SAMHSA, 2004)

SELF-HELP

Self-help occurs when a client uses his/her time in a wise, productive manner using capabilities and desires found within, such as assertiveness or advocacy. The use of these strengths demonstrates that he/she is capable of succeeding and is crucial to finding quality of life and a meaningful niche.

Self-help may also refer to productive use of peer support. Through the recovery process, an individual may become a role model for other clients, sharing his/her experience, knowledge of recovery, and tools/strategies for coping.

SELF-MANAGEMENT & SELF-RESPONSIBILITY

Clients have a personal responsibility for their own self-care and recovery process. Taking steps

towards achievement of their goals may require great courage as clients strive to understand and give meaning to their experiences, learn coping strategies and identify healing processes that promote their own wellness.

(SAMHSA, 2004)

Shared Decision-Making

An interactive partnership is formed between a client, his/her selected family and the recovery team whereby the provider acts in the capacity of consultant to the client by providing information, discussing options, clarifying values and preferences and supporting the client's autonomy. This process is used to make decisions regarding care options and recovery goals.

(Adams & Drake, 2006)

Socialization/ Connectedness

The formation, expansion and use of safe and healthy relationships with family, friends and community can be a critical step in decreasing isolation and lack of socialization. It is important that services empower, educate, and promote the connection of self to others, the environment and community, and to meaning and purpose. In a healthy context, even passive, social connectedness and consequent informal role modeling can significantly aid recovery.

Spirituality

Spirituality represents a deep sense and experience of belonging and connection to a life philosophy, higher power and/or the sacred. Spirituality often provides an inner anchor that brings balance, peace, centeredness, and resilience in dealing with life events. Spirituality can support each person's own personal recovery journey, and may be a tremendous source of strength, hope and energy. Providing client/family driven services requires that an individual's spiritual beliefs, preferences, traditions, and practices are respected.

Strengths-Based

Strengths-based is a primary, respectful approach that focuses on individual choice and preference and a person's strengths, gifts and abilities to help them gain meaningful involvement in society. Every person has strengths that need to be recognized.

TIMELY

Timely engagement in services and/or supports is achieved through a shared decision-making process and is based on individual needs for responsiveness. Timely care may be anticipatory and respond to both immediate needs and long-term recovery goals. When needed, it is imperative that services are promptly and appropriately provided on an individualized basis in order to restore and sustain clients' and families' integration in the community.

BIBLIOGRAPHY

US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. National Consensus Statement on Mental Health Recovery. www.SAMHSA.gov, (2004)

Adams, J. and Drake, R. *Shared Decision-Making and Evidence-Based Practice.* Community Mental Health Journal, Vol. 42, No. 1, February 2006.

Committee on Quality of Health Care in America, Institute of Medicine Crossing the Quality Chasm: A New Health System for the 21st Century, Washington, DC, USA: National Academies Press; 2001